

PD4000141093

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

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TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MVP HEALTH, INC.

Certificate of Status	0
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Corporate Filing Menu

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*Amend*

T. Roberts OCT 03 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2008

MVP HEALTH, INC.  
2300 CORAL WAY SUITE 200  
MIAMI, FL 33145  
SUBJECT: MVP HEALTH, INC.  
REF: P04000141093

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: R08000227649  
Letter Number: 508A00052425

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P.O. BOX 6327 - Tallahassee, Florida 32311

OCT. 2. 2008 4:09PM

CAPITAL CONNECTION

FILED

NO. 9269 'P. 3 enalga yomde

08 OCT -2 AM 10: 23

Articles of Amendment  
to  
Articles of Incorporation  
of

MVP Health, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

PO4000141093

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Principal and Mailing address to  
12350 SW 132 Ct Ste 212  
Miami FL 33186

Please correct suite # on Registered  
Agent's Address to 212

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 10/1/2008

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by

\_\_\_\_\_  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ray Gomez

(Typed or printed name of person signing)

Pres.

(Title of person signing)

FILING FEE: \$35