

PO4000172129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

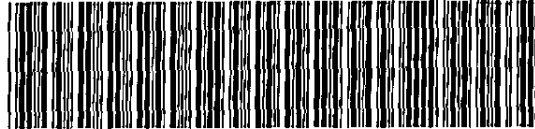
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/24/05--01005--010 **35.00

*Name
Change
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RECEIVED
05 MAY 24 AM 8 43
DIVISION OF CORP. REGISTRATION

FILED
05 MAY 24 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
5/24/05*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Rominick Health Sources, Inc. PO4000172129
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

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☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

	AMENDMENTS
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILNGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
ROMINICK HEALT SOURCES, INC**

FILED
05 MAY 24 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607-1006, Florida statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendments adopted:

**ARTICLE I
NEW NAME OF THE CORPORATION**

The newname of the corporation should be:

ROMINICK HEALTH RESOURCES, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption : **MAY 09, 2005**

FOURTH: Adoption of Amendment(s) (check one)

_____ The amendment (s) was/were adopted by the incorporators or board of Directors
Without shareholder action and shareholders action was not required.

X
_____ The amendment (s) was/were approved by the shareholders. The number of votes
Cast for the amendment (s) was/were sufficient for approval.


_____ The amendment (s) was/were approved by 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 amendment (s) was/were sufficient for approval

By _____
(Voting group)

Signed this 16 of May, 2005.

ROMINICK HEALTH RESOURCES, INC.
(Corporation name)

BY 
NYDIA C. ROMERO, VICE PRESIDENT

STATE OF FLORIDA:
COUNTY OF: Miami-Dade

I HEREBY CERTIFY, that on this day, before me, a Notary Public duly authorized in the State and County named above, to take acknowledgment personally appeared **NIDIA C. ROMERO** who have supplied a FL/DL as identification or whom are known to me to be the persons described in and who executed the forgoing Articles, acknowledged it to be the act and deed of the signers respectively and respectfully and stated that the facts and matter therein set forth are true and correct.

WITNESS my hand and seal in the County and State named above this ____TH day of May, 2005.


Notary Public



ALINA B. LOPEZ
MY COMMISSION # DD 149259
EXPIRES: September 13, 2006
Bonded Thru Budget Notary Services