## P5000026612

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Lifestyle Health Inc		
DOCUMENT NUMBER: P00500002	26612	±
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
	ne Casanova, M.D.	
(Name	e of Contact Person)	
	Lifestyle Health Inc	
7)	irm/ Company)	
762	S Federal Highway	
	(Address)	<del></del>
Deerfi	ield Beach, FL 33441	
(City/	State and Zip Code)	-
For further information concerning this matter	r, please call:	
Rene Casanova, M.D.	at ( <u>954</u> ) <u>379-0300</u>	
(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:
\$35 Filing Fee Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O: Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

## **Articles of Amendment**

FILED 2009 FEB -9 PH 4: 88

**Articles of Incorporation** Lifestyle Health, Inc. (Name of Corporation as currently filed with the Florida P005000026612 (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:

The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or the designation	ı "Corp," "Inc," or
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	762 S Federal Highw Deerfield Beach, FL	
D. If amending the registered agent and/or renew registered agent and/or the new registered Agent:		enter the name of th
New Registered Office Address:	(Florida street address)	<u>.</u>
_	(City)	, Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add □ Remove
			☐ Add ☐ Remove
			□ Add □ Remove
	nding or adding additional Anadditional Anadditional sheets, if necessary)		
provis		xchange, reclassification, or cancellat rendment if not contained in the ame	
Robert Ro	driguez transferred and deliver	ed to Rene Casanova, M.D. his shares	of Lifestyle Health Inc
for agreed	sum and other goods and valu	able consideration leaving Rene Casar	nova, M.D. the sole
sharehold	er.		
			·

Th	e date of each amendmen	t(s) adoption: 01/15/2009
Εfi	fective date <u>if applicable</u> :	01/15/2009
		(no more than 90 days after amendment file date)
Ad	option of Amendment(s)	(CHECK ONE)
☑		ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
		ere approved by the shareholders through voting groups. The following statement led 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
	The amendment(s) was/wa action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	Dated_02/0	4/2009
	Signature _	theh
	(B sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
		Rene Casanova, M.D.
		(Typed or printed name of person signing)
		President
		(Title of person signing)