# P05000033226

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C. Couillette MAY 2 0 2005



Secretary of State

May 16, 2005

JOSE ULFE 3896 NW 167 ST. MIAMI, FL 33054

SUBJECT: NEW LIFE CARE CENTER, INC.

Ref. Number: P05000033226

We have received your document for NEW LIFE CARE CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

You need to complete your second page of the amendment form along with the other corrections needed and return for filing.

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) 245-6903.

Letter Number: 405A00034914

Cheryl Coulliette Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CO	DRPORATION: NEW LIFE CAR	E CENTER, INC	
DOCUMENT	NUMBER: P05000033226		
The enclosed A	tricles of Amendment and fee ar	e submitted for filing.	
Please return a	Il correspondence concerning this	matter to the following:	
			· · · · · ·
<del>-</del>	(Name o	f Contact Person)	
ī	NEW LIFE CARE CENTER, INC		
-	(Fin	m/ Company)	****
3	896 NW 167 STREET	#00 P	.ee u
,	(	(Address)	
ħ	MAMI, FL 33054	· -	·
_	(City/ Sta	ate/ and Zip Code)	
For further info	ormation concerning this matter, p	please call:	
JOSE ULFE		at ( 305 ) 582-6289	
(	Name of Contact Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a c	heck for the following amount:		
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 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	Street Address Amendment Section Division of Corporation 409 E. Gaines Street	rations

Tallahassee, FL 32399

Tallahassee, FL 32314

### Articles of Amendment to Articles of Incorporation of

#### NEW LIFE CARE CENTER, INC

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

P05000033226

(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:

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

RTICLE VI - Shall now read	as follows : J	ose Uife, Presider	t and Sonia Ram	irez-Baez M.D.,	<u> </u>
Vice-President				<u></u> .	
	<u> </u>	<u> </u>			<u> </u>
		······································	<del>-</del>		
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				<u> </u>	. <u></u> .
	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	· <u>· · · · · · · · · · · · · · · · · · </u>	<u> </u>	
	····				
<del></del>				<u></u>	
	(Attac	h additional pages i	f necessary)		
in amendment provides for implementing the amend					

(continued)

The date of each amendment(s) adoption: May 5, 2005	÷
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more man 70 days and amendment me date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of the amendment(s) by the shareholders was/were sufficient for approval.	votes cast for
☐ The amendment(s) was/were approved by the shareholders through voting following statement must be separately provided for each voting group entities separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient fo	r approval by
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharped and shareholder action was not required.	reholder action
The amendment(s) was/were adopted by the incorporators without shareho shareholder action was not required.	lder action and
Signed this 5 day of MAy 2005	
Signature  (By a director, president or other officer - if directors or officers have no selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Jorge Martinez	<u>.                                    </u>
(Typed or printed name of person signing)	
President	****
(Title of person signing)	

FILING FEE: \$35