

POS000058995

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FILED

J. Shivers OCT 21 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHWEST HEALTHCARE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: H05000099033

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIANCA BAUERLE

(Name of Person)

RACHLIN, SAUNDERS & ASSOCIATES

(Name of Firm/Company)

11120 N. KENDALL DRIVE, SUITE 201

MIAMI, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

BIANCA BAUERLE

(Name of Person)

at (305) 270-2040

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CLERK OF COURT
TALLAHASSEE, FL 32301

05 OCT 17 AM 7:17

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Articles of Amendment
to
Articles of Incorporation
of

SOUTHWEST HEALTHCARE SERVICES, INC.

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

H05000099033

(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)**

ROBERT SALTY -DELETED (RESIGNED)

ALICIA SANTISTEBAN-ADD AS PRESIDENT

MARIO FUERTES- ADD AS VICE PRESIDENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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: 9/19/05

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)

ALICIA SANTISTEBAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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05 OCT 17 AM 7:18
CLERK OF COURT
STATE OF FLORIDA

FILING FEE: \$35