

PO5000059407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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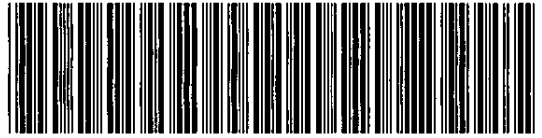
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N/C

TB 4-30-08

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Care-Flex Medical Management, Inc.

DOCUMENT NUMBER: P05000059407

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lina Palacio  
(Name of Contact Person)

Care-Flex Medical Management, INC  
(Firm/ Company)

P.O. Box 141799  
(Address)

Coral Gables, Florida 33114-1799  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Lina Palacio at ( 305 ) 398-0804  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check 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  
Tallahassee, FL 32314

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



The date of each amendment(s) adoption: April 23, 2008

Effective date if applicable: April 23, 2008  
(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)

Maria A. Diaz, D.O., Pharm D.

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35