P05000/0368/

(Ře	equestor's Name)	
. (Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	· WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	



000076135570

06/19/06--01047--012 **43.75

SEGRETARY OF STALLAHASSEE, FLO

OG JUL 12 AN 7: 26
SECRETARY OF STATE

Office Use Only

5

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee ■\$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is enclosed)

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

Certified Copy

(Additional Copy is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2006

MARIA E. LOPEZ 6039 COLLINS AVENUE SUITE 1015 MIAMI BEACH, FL 33141

SUBJECT: HEALTH CORNER INC

Ref. Number: P05000102681

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F96990.

The Common commencer of the commence their is repositive

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 4850 245-6908.

Śylviä Gilbert D≨cument Specialist

Letter Number: 806A00042386

Articles of Amendment to

Articles of Incorporation

FILED
06 JUL 12 AM 7:26

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

P05000 102681

(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 "incorpolated" 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)
(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: (RE SPECIFIC)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended added or deleted: (RE SPECIFIC)
and/or Article Title(s) being amended added or deleted: (RE SPECIFIC)
Antide II - amended to 6039 Collins Arz #1015 Miami Seach Fl 33141 See U.S.R.
Miami Seach Fl 33141 See UBN
——————————————————————————————————————
Anticle III Amended SEE UBR
·
(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)
N/A
•

(continued)

The date of each amendment(s) adoption: $\frac{6/8/06}{}$
Effective date if applicable: 6/8/06 (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 - indirectors 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) Mania E Lopez (Typed or printed name of person signing) (Title of person signing)
(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 - indirectors or officers have not been selected, by an incorporator - if in the hands of a teceiver, trustee, or other court appointed fiduciary by that fiduciary) Mama & Lopez

FILING FEE: \$35