Trustmer Ctrate 105 262 6939 p.01 Page 1 of 1 Division of Corporations

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name

: AYAN ENTERPRISES, INC. DBA THE INNER CIRC

Account Number : I20010000223

: (305)262-1128

Phone

Fax Number

: (305)262-6935

FLORIDA PROFIT/NON PROFIT CORPORATION

Advanced Care, Inc.

Certificate of Status	0
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09/25/06

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF	CORPORATION:	ADVANCED CARE, INC	c .
DOCUMEN	NT NUMBER:	P05000131012	•
The enclosed	d Articles of Amendment and fee	are submitted for filing.	
Please return	all correspondence concerning t	nis matter to the following:	
	o	SVALDO DIAZ	
	(Nam	of Contact Person)	
	ADVA	NCED CARE, INC.	
	(I	irm/ Company)	
	147	S W 46 STREET	
		(Address)	
		AMI, FL 33012	
For furth e r i	nformation concerning this matte	State/and Zip Code) , please call:	
	OSVALDO DIAZ	at (305)	710-2916
	(Name of Contact Person)	(Area Code & Dayti	ime Telephone Number)
Enclosed is a	a check for the following amount:		
□ Filing Fee	☐ Filing Fee & Certificate of Status	☑ Filing Fee & Certified Copy (Additional copy is enclosed)	☐ 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 Sec Division of Cor 409 E. Gaines S Tallahassee, FL	ction porations Street

Articles of Amendment to Articles of Incorporation

06 SEP 25 AM 11: 15

WYAUY HE STATE

ADVANCED CARE, INC. TALLAHASSEE, FLORIDA
(Name of corporation as currently filed with the Florida Dept. of State)
P05000131012
(Document number of corporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:
EW 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.")
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) addor Article Title(s) being amended, added or deleted: (BE SPECIFIC)
uticle 2. The principal place of business is: 13384 SW 128 STREET, SUITE A. MIAMI, FL 33186
rticle 5. The name and address of the Registered Agent is:
SVALDO DIAZ. 1745 W 46 STREET. HIALEAH, FL 33012
rticle 7.1 The Board of Directors shall be composed by one (1) Director, to wit:
DSVALDO DIAZ, 1745 W 46 STREET, HIALEAH, FL 33012. President
(Attach additional pages if necessary)
an amendment provides for exchange, reclassification, or cancellation of issued shares, provision implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/

(continued)

The date of each amendment(s)	doption: 09/18/2006
Effective date if applicable:	0 9 /18/2006
, (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	were approved by the shareholders. The number of votes cast for e shareholders was/were sufficient for approval.
	were approved by the shareholders through voting groups. The st be separately provided for each voting group entitled to vote diment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval by
	(voting group)
☐ The amendment(s) was, and shareholder action	were adopted by the board of directors without shareholder action was not required.
☐ The amendment(s) was shareholder action was	were adopted by the incorporators without shareholder action and not required.
Signed this 18 day of Signature	Serflember , 2006
selected, b	or, president of other officer - if directors or officers have not been y an incorporator - if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	OSVALDO DIAZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)