P05000148030

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000077170020

06 JUL 10 AM 10: 19

DIVISION OF CORPORATIONS

07/10/06--01010--007 **35.00

B. McKnight JUL 1 4 2006

COVER LETTER

NAME OF CORPORATION: REAL HELP MOUGAL COPENTICO

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

ACC FOR AMENDICAL COPENTICOMPANY

(Firm/ Company)

3.70 D. Feck Vol. 34. 31. - I.

(Address)

(City/ State and Zin Code)

For further information concerning this matter, please call:

Anne Ferrandes	at (954) 943-9316
(Name of Contact Person)	(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

TO: Amendment Section

Division of Corporations

\$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

Articles of Amendment to Articles of Incorporation

Λf

Real Help Medical Center The (Name of corporation as currently filed with the Florida Dept. of State)	-	
Po5000148030 (Document number of corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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		` ,
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	_	
<i>:</i>	Nr 90	SECH DIVISION
	ן 10 ן	H OF CO
	WHIO: I	D OF STAT RPOKATI
· · · · · · · · · · · · · · · · · · ·	9	DHC.
	_	
(Attach additional pages if necessary)	_	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provis for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate the contained in the amendment itself) and is applicable, indicate the contained in the amendment itself.		.)
	-	

(continued)

The date of each amendment(s) adoption: (a 130 /06
Effective date if applicable: 7/1/06 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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)
Anne Fernandes (Typed or printed name of person signing)
President. (Title of person signing)

FILING FEE: \$35

DIVISION OF CORPORATIONS