

PO 5000160486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

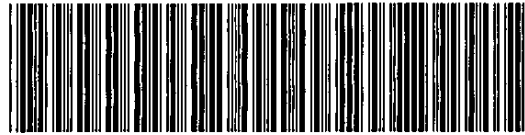
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/06--01006--025 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 NOV 16 AM 8:44

Angelino
AUTHENTICATED BY PHONE TO
COMPLAIN *FCI #*
DATE _____
DOC EXAM _____

*Ps 11/17/06
Amend*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2006

CANO HEALTH CARE & NECESITIES SERVICES, INC.
ATTN: ANGEL J PINO
455 W 23 ST
HIALEAH, FL 33010

SUBJECT: CANO HEALTH CARE & NECESITIES SERVICES, INC.
Ref. Number: P05000160486

We have received your document for CANO HEALTH CARE & NECESITIES SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to our records, confirmations have been issued on the registered agent change and a officer/director resignation. There was a third filing fee received on this corporation but the document was not enclosed. We regret that we were unable to contact you by phone but a phone number was not provided.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 606A00059795

Please Put Angel J. Pino as owner and
President of the company. with the same address.

Thanks
Angel J. Pino

35.00 (1/10/06)
35.00 M

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CANO HEALTH CARE & NECESSITIES SERVICES INC.
(Name of Corporation)

DOCUMENT NUMBER: P-05000160486

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGEL S. PINO
(Name of Contact Person)

CANO HEALTH CARE & NECESSITIES SERVICES INC.
(Firm/Company)

455 W. 23 ST
(Address)

HIWALEAH FL 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL S. PINO at ()
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAND HEALTH CARE & NECESSITIES SERVICES, INC.

DOCUMENT NUMBER: P-050000160486

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/ Company)

(Address)

(City/ State and Zip Code)

For further information concerning this matter, please call:

ANGEL J. PINO at (305) 884-8497
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 NOV 16 AM 8:44

Articles of Amendment
to
Articles of Incorporation
of

CANO HEALTH CARE & NECESSITIES SERVICES, INC.

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

P05000160486

(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)

ADD TO ARTICLE V ANGEL S. PINO (PO)

455 W. 23rd HIALEAH FL 33010

ADD FEI # 20-5865011

(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: 10-05-06

Effective date if applicable: 10-10-06
(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

Angel J. Pino
(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)

ANGEL J. PINO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35