

P05000164309

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 18 AM 10:36

FILED

Amend

TB

6/19/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTH CARE ADVISORS SERVICES, INC

DOCUMENT NUMBER: P05000164309

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

Please return all correspondence concerning this matter to the following:

BRUNO SUAREZ

Name of Contact Person

HEALTH CARE ADVISORS SERVICES, INC

Firm/ Company

P.O. BOX 558172

Address

MIAMI, FLORIDA 33255

City/ State and Zip Code

BRUSUAREZ@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUNO SUREZ

Name of Contact Person

at (305)

608-5728

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2009

BRUNO SUAREZ
HEALTH CARE ADVISORS SERVICES, INC.
PO BOX 558172
MIAMI, FL 33255

SUBJECT: HEALTH CARE ADVISORS SERVICES, INC.
Ref. Number: P05000164309

We have received your document for HEALTH CARE ADVISORS SERVICES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The document must have original signatures.

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 (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 109A00019140

RECEIVED
2009 JUN 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Health Care Advisors Services, Inc.

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

P05000164309

(Document Number of Corporation (if known))

FILED
2009 JUN 18 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

7461 SW 59th St.

Miami, Florida 33143

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7461 SW 59th St.

Miami, Florida 33143

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Bruno Suarez

New Registered Office Address:

7461 SW 59th St.

(Florida street address)

Miami, Florida

(City)

, Florida 33143

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

(see additional sheet)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Bruno Suarez</u>	<u>7461 SW 59 Street</u> <u>Miami, FL 33143</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V.Pres</u>	<u>David Salazar</u>	<u>7461 SW 59 Street</u> <u>Miami, FL 33143</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V.Pres</u>	<u>Eduardo Ochotorena</u>	<u>6010 SW 93rd Ct.</u> <u>Miami, FL 33173</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Add - Bruno Suarez as President

Add - David Salazar as Vice President

Remove - Eduardo Ochotorena as Vice President

Remove - Sonia Ochotorena as President

Add - Sonia Ochotorena as Secretary

F. If an amendment provides for an 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)

David Salazar 33.34 Shares

Bruno Suarez 33.33 Shares

Sonia Ochotorena 33.33 Shares

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>SONIA OCHOTORENA</u>	<u>6010 SW 93RD CT</u> <u>MIAMI, FLORIDA 33173</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SEC</u>	<u>SONIA OCHOTORENA</u>	<u>6010 SW 93RD CT</u> <u>MIAMI, FLORIDA 33173</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

SEE ATTACHED DOCUMENTS

F. If an amendment provides for an 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)

SEE ATTACHED DOCUMENTS

The date of each amendment(s) adoption: June 1, 2009

(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated June 1, 2009

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)

Bruno Suarez

(Typed or printed name of person signing)

President

(Title of person signing)