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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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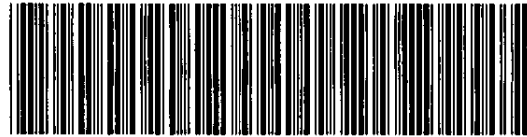
(Business Entity Name)

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## CLIFTON H. RODRIQUEZ, C.P.A., P.A.

Certified Public Accountant & Management Consultant

Managing Director: Clifton H. Rodriguez, C.P.A.

3146 N.W. 68 Street \* Ft. Lauderdale, Florida 33309

Voice: (954) 969-9380 \* Fax: (954) 969-9668

Website: [www.cpadirectory.com](http://www.cpadirectory.com)

Email: [crodzzz@comcast.net](mailto:crodzzz@comcast.net), [crodzzz@bellsouth.net](mailto:crodzzz@bellsouth.net)

November 6<sup>th</sup>, 2013

Tracy L. Lemieux  
Florida Department of State  
Division of Corporation  
Amendment Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: **Family Health Care of Delray, Inc.**

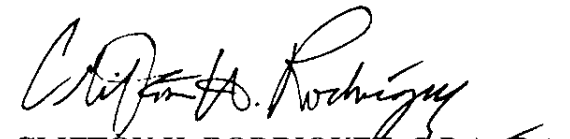
Dear Karen:

We would like to file the following articles of amendment on behalf of our client, **Family Health Care of Delray, Inc. (corporate reference number P06000040557)**.

We have enclosed a check in the amount of \$35, the required fee for the service.

Your cooperation and promptness in handling this matter would be most appreciated.

Yours very cordially,



CLIFTON H. RODRIQUEZ, C.P.A., P.A.  
Managing Director/CEO

cc: Dr. Serge L. Alexandre  
Client File

Enclosure(s)

CHR/tbr

# ARTICLES OF AMENDMENT

of

## **Family Health Care of Delray, Inc.**

I, Serge L. Alexandre, President/CEO/Chairperson of Family Health Care of Delray, Inc., a Florida for profit corporation, do hereby certify that a meeting of the shareholder of said corporation, duly called and held in the City of Delray Beach, Florida on November 6<sup>th</sup>, 2013, at which meeting a majority of the shareholders were present in person or by proxy, a resolution as hereinafter set forth was adopted by a majority vote of said shareholders. The number of votes for the amendment was sufficient for approval.

RESOLVED, that Article II-Nature or Purpose of the Business is as follows:

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state. The corporation will offer professional healthcare services to its patients and the general public in the Tri-county area, the State of Florida, and the world. The corporation will comply with any professional regulations imposed by any state agencies within the State of Florida as well. The following subsidiaries and/or "d/b/a's shall operate under corporate umbrella of the corporation:

1. Family Health Care Services (FHCS)
2. Recovery Health Service Center (RHSC)

RESOLVED, that Article III-Principal Offices

The principal business mailing & office addresses of the corporation shall be:

1. 1483 S. Congress Avenue  
Delray Beach, Florida 33445-6378  
(Family Health Care Services)  
  
&
2. 1520 10<sup>th</sup> Avenue North  
Lake Worth, Florida 33460-2069  
(Recovery Health Service Center)

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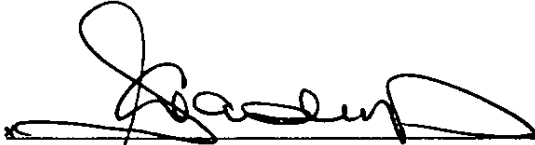
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT

of

**Family Health Care of Delray, Inc.**

EXECUTED this 5<sup>th</sup> day of December, 2013

  
\_\_\_\_\_  
Serge L. Alexandre, M.D., President/CEO/Chairperson  
\_\_\_\_\_  
Marie E. Paul, Corporate Secretary/Director