

# Florida Department of State Division of Corporations

Division of Corporations
Public Access System

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060002191573)))



H060002191573ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305) 444-4977

# COR AMND/RESTATE/CORRECT OR O/D RESIGN

ABANA HEALTH CARE, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

09/05/06

ECFS

3054444977

850-205-0381

9/1/2006 4:16

PAGE 001/001

Florida Dept of State

p.2



September 1, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ABANA HEALTH CARE, INC. 1701 W FLAGLER ST STE 328 MIAMI, FL 33125

SUBJECT: ABANA HEALTH CARE, INC.

REF: P06000057473

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlane Connell Document Specialist FAX Aud. #: H06000219157 Letter Number: 506A00053615

PECEIVED
06 SEP - 1 AM 8: 00

P.O BOX 6327 - Tallahassee, Florida 32314

(((H06000219157)))

#### Articles of Amendment to Articles of Incorporation of

## OI ABANA HEALTH CARE, INC.

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

| P06000057473  |          |  |  |
|---|----------|--|--|
| (Document number of corporation (if known)  |          |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpo adopts the following amendment(s) to its Articles of Incorporation:   | ration   |  |  |
| NEW CORPORATE NAME (if changing):   |          |  |  |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or (A professional corporation must contain the word "chartered", "professional association," or the abbreviation |          |  |  |
| AMENDMENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Article Nu and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)  | ımber(s) |  |  |
| THE SOLE OFFICER/DIRECTOR WILL BE:  |          |  |  |
| ANGEL AYRA (P/V/S/T/D)  |          |  |  |
| 1701 W FLAGLER ST STE 328   |          |  |  |
| MIAMI FL 33125  |          |  |  |
| THE NEW REGISTERED AGENT WILL BE:   |          |  |  |
| ANGEL AYRA  | ĘP       |  |  |
| 1701 W FLAGLER ST STE 328   |          |  |  |
| MIAMI FL 33125  | 유        |  |  |
|   | =        |  |  |
|   |          |  |  |

(continued)

(((H06000219157)))

| The date of each amendment(s) adaption: 8/31/06  |  |
|--|--|
| Effective date if applicable:  (no more than 90 days after amendment file date)  |  |
| Adaption 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 mumber of votes cast for the amendment(a) 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 chareholder action and shareholder action was not required.   |  |
| Signature  (thy a director, president or other offloor - if directors or officers have not been actioned, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary  (I sa Velley Aloxed  Typed or printed name of person signing) |  |

Sep 01 2006 3:30

(((H06000219157}))

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.