

06000082004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

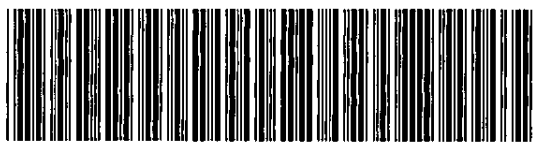
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2007 NOV -5 PM 2:11

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2007

MARIA M PRECIADO
EMMANUEL HOME HEALTH INC.
3146 NW 68TH CT
FT LAUDERDALE, FL 33309

SUBJECT: EMMANUEL HOME HEALTH INC.
Ref. Number: P06000082004

We have received your document for EMMANUEL HOME HEALTH INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6957.

Pamela Smith
Regulatory Specialist II

Letter Number: 007A00062719

RECEIVED
2007 NOV -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Emmanuel Home Health, Inc.

DOCUMENT NUMBER: P06000082004

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

Please return all correspondence concerning this matter to the following:

Maria M. Preciado
(Name of Contact Person)

Emmanuel Home Health, Inc.
(Firm/ Company)

3146 N.W. 68th Court.
(Address)

Ft. Lauderdale, FL. 33309
(City/ State and Zip Code)

For further information concerning this matter, please call:

Maria M. Preciado at (786) 486-0158
(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

The date of each amendment(s) adoption: _____

Effective date if applicable: 10/31/07
(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.

M.P.

Signature Maria M. Preciado
(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)

Maria M. Preciado
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35