## P0600009316a

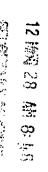
(Requestor's Name	)
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(City/State/Zip/Phor	ne #)
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(Document Number	<u> </u>
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## **COVER LETTER**

10:	Division of Corporations	
SUBJE	ECT: BRICKELL HEALTH SERVICES, INC.	
	(Name of Corporation	1)
DOCU	JMENT NUMBER: P06000093162	
The end	closed Resignation of Registered Agent for a Corporati	on and fee are submitted for filing.
Please	return all correspondence concerning this matter to the	following:
RAYE	DEL FERNANDEZ	
	(Name of Person)	
BRIC	KELL HEALTH SERVICES, INC.	
	(Name of Firm/Company)	
9411	SW 4 Street #307	
	(Address)	
Miam	ni, FL 33174	
	(City/State and Zip Code)	
For furt	ther information concerning this matter, please call:	
RAYD	DEL FERNANDEZ  (Name of Person)  at (786) (Area Code &	423-7675  Daytime Telephone Number)
		. ,

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2012

RAYDEL FERNANDEZ 9411 SW 4 ST #307 MIAMI, FL 33174

SUBJECT: BRICKELL HEALTH SERVICES, INC.

Ref. Number: P06000093162

We have received your document for BRICKELL HEALTH SERVICES, 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):

For the Adoption of Amendment please check only one box.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 412A00008301

PECENED ANDERS MAR 28 AND 9: 48

## **Articles of Amendment**

to

**Articles of Incorporation** 

of

DRICKELL HEALTH SERVI	les, ave
(Name of Corporation as currently filed with the	Florida Dept. of State)
P060000 93162	
(Document Number of Corporation (	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	9411 SW 4 STREET # 307 Miani PC 33174
	MiANI PC 33174
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent RAYDEL F	ECNUNDEZ  STEET #307  reet address)
•	
New Registered Office Address: Misori	, Florida <u>33/74</u> (Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>t</u>
hereby accept the appointment as registered agent fam 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	Jains Bone	7 1861 NW SOUTH RIVOR Dr #1801 MIANI PE 33125
2) X Change Add Remove	PD	RAYDEL FERNA	MEZ 9411 SW 4 ST #307 MIANI PC 33179
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

( attach additional sheets, if necessary). (Be specific)
REMOVING YAINA BONET AS DP
·
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)

The date of each amendment(c) add	ONTION JANUARY DI, 2012
Secretary data is a menument(s) and	Tan 1298 1 01 2012
Trective date in applicable:	option: JANUARY 01, 2012  ANUARY 01, 2012  (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	oted by the board of directors without shareholder action and shareholder
action was not required.	oted by the incorporators without shareholder action and shareholder
Dated Jane	DARY 01, 2012
Signature	Cololo
(By a dir	rector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
appointe	ed fiduciary by that fiduciary)
_	Raybel Feedander (Typed or printed name of person signing)
_	DIRECTOR - PRESIDENT
_	(Title of person signing)