

**P060000119631**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : AYAN ENTERPRISES, INC. DBA THE INNER CIRCLE  
Account Number : I20010000223  
Phone : (305) 262-1128  
Fax Number : (305) 262-6935

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SECRETARY OF CORPORATIONS  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**WELL-BEING MEDICAL EQUIPMENT CORP.**

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*Amend  
@ 12/19/07*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Well-Being Medical Equipment Corp.

**DOCUMENT NUMBER:** P06000119631

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

Please return all correspondence concerning this matter to the following:

Lizeth Cabuya  
(Name of Contact Person)

Well-Being Medical Equipment Corp.  
(Firm/ Company)

5580 West 16 Ave, Suite 201  
(Address)

Hialeah, FL 33012  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Lizeth Cabuya at ( 305 ) 557-7075  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> Filing Fee | <input type="checkbox"/> Filing Fee &<br>Certificate of Status | <input type="checkbox"/> Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

850-617-6381

12/19/2007 9:26

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Florida Dept of State



December 19, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WELL-BEING MEDICAL EQUIPMENT CORP.  
5580 W 16 AVE 201 2nd letter  
SEALEAH, FL 33012

SUBJECT: WELL-BEING MEDICAL EQUIPMENT CORP.  
REF: P06000119631

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.

The current name of the entity is as referenced above. Please correct your document accordingly.

Period after (CORP) in the corporate name.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 507A00063539

RECEIVED  
2007 DEC 19 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

October 30, 2007

WELL-BEING MEDICAL EQUIPMENT CORP.  
5580 W 16 AVE 201  
HEALEAH, FL 33012

SUBJECT: WELL-BEING MEDICAL EQUIPMENT CORP.  
REF: P06000119631

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.

The current name of the entity is as referenced above. Please

Do you like this letter? Y/N

correct your document accordingly.

Period after (CORP) in the corporate name.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 507A00063539

Do you like this letter? Y/N

Articles of Amendment  
to  
Articles of Incorporation  
of

Well-Being Medical Equipment Corp.

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

P 06000119631

(Document number of corporation (if known))

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

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Add Elieser Pereira, 5580 West 16 Ave. Suite 201. Hialeah, FL 33012 as Vice-President

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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The date of each amendment(s) adoption: 10/30/2007

Effective date if applicable: 10/30/2007  
(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.

Signed this 30 day of Oct, 2007

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)

Liseth Cabuya

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)