## P06000126097

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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02/28/08--01039--016 \*\*35.00

DECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: Wellness Ca	are Medical Center, Corp	
DOCUMENT NUMBER:	P06000126097		
The enclosed Articles of Am	nendment and fee a	are submitted for filing.	
Please return all corresponde	ence concerning th	is matter to the following:	
Stephen Lov	ell		
	(Name	of Contact Person)	
	(Fi	rm/ Company)	
4527 Corona	ado Parkway		
		(Address)	
Cape Coral, F	Florida 33904		
	(City/S	tate and Zip Code)	
For further information conc	erning this matter,	please call:	
Stephen Lovell		at (239)_994-7258	
(Name of Contact	Person)	(Area Code & Daytime 1	Telephone Number)
Enclosed is a check for the for	ollowing amount:		
	75 Filing Fee & ificate 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 Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle



February 29, 2008

STEPHEN LOVELL 4527 CORONADO PARKWAY CAPE CORAL, FL 33904

SUBJECT: WELLNESS CARE MEDICAL CENTER, CORP.

Ref. Number: P06000126097

We have received your document for WELLNESS CARE MEDICAL CENTER, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

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) 245-6916.

Letter Number: 708A00012868

Carol Mustain Regulatory Specialist II

Division of Cornerations - P.O. ROY 6327 Tallahassee, Florida 32314

## Articles of Amendment to Articles of Incorporation of

Wellness Care Medical Center, Corp
(Name of corporation as currently filed with the Florida Dept. of State)
P06000126097
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:
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.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: ( <u>BE SPECIFIC</u> )
ARTICLE VIII THE NEW OFFICER/DIRECTOR ARE:
JOHN ROMANO AS PRESIDENT/DIRECTOR WITH ADDRESS AT:
425 71st Street Miami, FL 33141
ARTICLE XTHE NEW REGISTERED AGENT IS:
JOHN ROMANO WITH ADDRESS AT: 425 71st Street Miami, FL 33141
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate No.
JOHN ROMANO WITH 1000 SHARES IS 100% OWNER.
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(continued)

The date of each amendment(s) adoption: 02/19/08
Effective date if applicable: 03/01/08
(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 100%"
(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.
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)
Stephen Lovell
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)
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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has feet notified in writing of this change.
2/21/08
(Date)
If signing on behalf of an entity:  John Romano  (Typed or Printed Name)