P06000126437

acute
home healthcare, inc.
377 Maitland Avenue, Suite 2001
Altamonte Springs, Florida 32701
Office: (321) 594-5656
Fax: (321) 594-5658

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2009 JUL 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB JUL 28 2009

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** Acute Home Healthcare, Inc.

**DOCUMENT NUMBER:** P06000126437

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

Please return all correspondence concerning this matter to the following:

May Arouri or Audra Adams
Name of Contact Person

Acute Home Healthcare, Inc.
Firm/ Company

377 Maitland Ave Ste 2001
Address

Altamonte Springs FL 32701
City/ State and Zip Code

Aadams@acutehhc.com and may.arouri@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audra Adams at (321) 594-5656
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2009

ACUTE HOME HEALTHCARE INC.
377 MAITLAND AVE STE 2001
ALTAMONTE SPRINGS, FL 32701

SUBJECT: ACUTE HOME HEALTHCARE INC.
Ref. Number: P06000126437

We have received your document for ACUTE HOME HEALTHCARE INC. 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 submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 709A00022047

RECEIVED
2009 JUL 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

Acute Home Healthcare Inc.
**(Name of Corporation as currently filed with the Florida Dept. of State)**

error A P06000126437
(Document Number of Corporation (if known)

FILED
2009 JUL 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**A. If amending name, enter the new name of the corporation:**

NA
*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:** NA
***(Principal office address MUST BE A STREET ADDRESS)***

**C. Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)*** NA

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* WASIM M. ASSAF

*New Registered Office Address:* 397 Maitland Ave Ste 2001
*(Florida street address)*
Altamonte Springs, Florida 32701
*(City)* *(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**
*I hereby accept the appointment as registered agent. I am 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)*

| Title | Name | Address | Type of Action |
|---|---|---|---|
| CEO | Mohammad Zaman | 377 Maitland Ave Ste 2001 Altamonte Springs, FL 32701 | ☐ Add ☒ Remove |
| CEO | Wasim Assaf | Same as above | ☒ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

**E. If amending or adding additional Articles, enter change(s) here:**
*(attach additional sheets, if necessary). (Be specific)*

**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(s) adoption:** 5-12-09
*(date of adoption is required)*

**Effective date if applicable:** _____
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s)** **(CHECK ONE)**

☐ The amendment(s) was/were adopted 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.

Dated 7/17/09

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)

WASIM M ASSAF
(Typed or printed name of person signing)

C.E.O.
(Title of person signing)