

P06000149255

(Requestor's Name)

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(City/State/Zip/Phone #)

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WAIT

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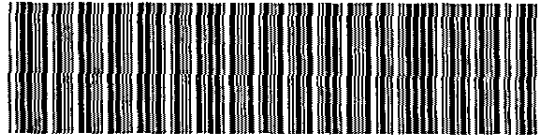
(Business Entity Name)

(Document Number)

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01/26/07--01017--021 \*\*52.50

FILED  
07 FEB 13 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amendment  
02/14/07  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2007

EMMA CABRERA  
PREMIER HOME HEALTH SYSTEMS INC  
1840 WEST 49 STREET, STE. 404  
HIALEAH, FL 33012

SUBJECT: PREMIER HOME HEALTH SYSTEMS INC  
Ref. Number: P06000149255

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 207A00007138

REC-1111  
07 FEB 13 AM 9  
DIVISION OF CORPORATIONS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Premier Home Health Systems Inc.

DOCUMENT NUMBER: P06000149255

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

Please return all correspondence concerning this matter to the following:

Emma Cabrera

(Name of Contact Person)

(Firm/ Company)

1840 W 49 Street Suite 404

(Address)

Hiialeah, FL 33012

(City/ State and Zip Code)

For further information concerning this matter, please call:

Emma Cabrera

(Name of Contact Person)

at (786) 281-2327

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

Premier Home Health Systems Inc

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

P06000149255

(Document number of corporation (if known))

FILED  
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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:

**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 OFFICER - Alejandro Cabrera as Managing Director  
1840 W 49 ST Suite 404 Hialeah, FL 33012

Change Business Address and Officer addresses  
to reflect:

1840 W 49 Street Suite 404  
Hialeah, FL 33012

(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)

N/A

(continued)

The date of each amendment(s) adoption: 1/20/07

Effective date if applicable: \_\_\_\_\_

(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.

Signature

Emma Cabrera

(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)

Emma Cabrera

(Typed or printed name of person signing)

Vice President

(Title of person signing)

**FILING FEE: \$35**