P07000010396

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	· #)
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(Do	ocument Number)	
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Amend

SECRETARY OF STATE ALLAHASSEE, FLORID

FILED

T. Reberts MAY 0.2.200%



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2007

MR. GERMAN FRANCES 10376 E. COLONIAL DR., STE 110 ORLANDO, FL 32817

SUBJECT: INTEGRATED HEALTH CENTER IFINC

Ref. Number: P07000010396

We have received your document for INTEGRATED HEALTH CENTER II INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(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.

We are enclosing the proper form(s) with instructions for your convenience.

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

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 607A00025273

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Integrated H	ealth Center II Inc	
DOCUMENT NUMBER: <u>P07000010396</u>		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Mr. German Frances		
(Name of C	Contact Person)	•
Integrated Health Center	II, Inc.	
(Firm/	Company)	
10376 E. Colonial Drive, Su	uite #110	
(Ac	ddress)	- , , , , , , ,
Orlando, Florida 32817		
(City/ State	and Zip Code)	
For further information concerning this matter, ple	ease call:	
Mr. German Frances	at (_407) 208-111	1
(Name of Contact Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Circl Tallahassee, FL 32301	e

Articles of Amendment to Articles of Incorporation of

FILED

07 MAY -1 AM 8: 15

SECRETARY OF STATE Integrated Health Center II Inc TALLAHASSEE, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)	
P07000010396	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:	tion
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 "	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Numbered (or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	ber(s
Article IV	
100 Commons Shares with a Par Value of \$250.00 per shares.	
	
	.
·	
(Attach additional pages if necessary)	
f an amendment provides for exchange, reclassification, or cancellation of issued shares, profor implementing the amendment if not contained in the amendment itself: (if not applicable, indi	
	-

(continued)

The date of each amendment	(s) adoption: March 20, 2007
Effective date if applicable:	March 20, 2007
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action on was not required.
The amendment(s) v shareholder action v	was/were adopted by the incorporators without shareholder action and was not required.
se lecte	irector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
•	Mr. German Frances
	(Typed or printed name of person signing)
	President
	(Title of person signing)

FILING FEE: \$35