

DEC 02 2011 FRI 04:20 PM

FAX No.

P. 001

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

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****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AMERICAN HEALTH PROVIDERS, CORP.**

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

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12-5-11

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FAX No. P.002
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December 2, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AMERICAN HEALTH PROVIDERS, CORP.
11011 NW 62 CT
HIALEAH, FL 33012

SUBJECT: AMERICAN HEALTH PROVIDERS, CORP.
REF: P07000024480

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.

If amending the officers and or directors, please list all officers/directors of the corporation as you want the record to be. If Luis M. Martinez is still the president, he must be listed above on page (1).

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
Regulatory Specialist II

FAX Aud. #: H11000282850
Letter Number: 711A00027059

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11 DEC -2 AM 8:42
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

DEC/02/2011/FRI 04:21 PM

FAX No.

P. 003

Dec 01 2011 15:13

HP LASERJET FAX

P. 1

Articles of Amendment
to
Articles of Incorporation
of

FILED
11 DEC -2 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AMERICAN HEALTH PROVIDERS, CORP.

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

P07060024480

(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:

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

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:
(Principal office address MUST BE A STREET ADDRESS)

N/A

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

N/A

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: N/A

(Florida street address)

New Registered Office Address: N/A

(City)

, Florida

(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

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If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) VP	DIANA FERNANDEZ	11011 NW 62 CT HIALEAH, FL 33012
2) P	LUIS M. MARTINEZ	11011 NW 62 CT HIALEAH, FL 33012
3)		
4)		
5)		
6)		

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1)		4)	
2)		5)	
3)		6)	

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

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

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P. 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: 12/01/2011

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 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.

Dated 12/01/2011

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)

LUIS M. MARTINEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)