# P07000038031

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

563 543



700382067057

02/22/22--01006--001 \*\*35.00



ch 10/11/2022

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: _	WELL PHAF	RMA MEDICAL RES	EARCH CORP.		
DOCUMENT NUME	BER:	P070000380	)31			
The enclosed Articles	of Amendm	ent and fee are su	bmitted for filing.			
Please return all corres	spondence c	oncerning this ma	tter to the following:			
	Franklin N	Mirabal				
			Name of Contact Person	n		
	ALCA MEDICAL HOLDINGS, LLC					
			Firm/ Company			
7000 SW 97 Avenue, Suite 210						
	Address					
	Miami, Florida 33173					
			City/ State and Zip Cod	e		
	fmirabal@	) wpharma.com	1			
	E-mail	address: (to be us	ed for future annual report	notification)		
For further information	n concernin	g this matter, pleas	se call:			
Franklin Mirabal			at ( 305	<sub>)</sub> 343.1631		
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check fo	r the follow	ing amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fee		75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Sec ision of Corp Box 6327 ahassee, FL	ction porations	Amend Division The Co 2415 I	Address Idment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

RECEIVED



### 2022 JUN -7 PM 12: 14 FLORIDA DEPARTMENT OF STATE

Division of Corporations

Letter Number: 422A00009598

April 25, 2022

FRANKLIN MIRABAL 7000 SW 97 AVENUE SUITE 210 MIAMI, FL 33173

SUBJECT: WELL PHARMA MEDICAL RESEARCH CORP.

Ref. Number: P07000038031

We have received your document for WELL PHARMA MEDICAL RESEARCH 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):

You failed to make the correction(s) requested in our previous letter.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

RECEIVED

2022 APR 22 AM 8: 03

April 4, 2022

FRANKLIN MIRABAL 7000 SW 97 AVENUE SUITE 210 MIAMI, FL 33173

SUBJECT: WELL PHARMA MEDICAL RESEARCH CORP.

Ref. Number: P07000038031

We have received your document for WELL PHARMA MEDICAL RESEARCH 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):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 322A00007825



#### RECEIVED

2022 MAR 22 AM 10: 00

SECRETAR LUT STATE TALLAHASSEE.FL

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2022

FRANKLIN MIRABAL 7000 SW 97 AVENUE SUITE 210 MIAMI, FL 33173

SUBJECT: WELL PHARMA MEDICAL RESEARCH CORP.

Ref. Number: P07000038031

We have received your document for WELL PHARMA MEDICAL RESEARCH 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 date of adoption of each amendment must be included in the document.

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) 245-6050.

Letter Number: 622A00004723

Claretha Golden Regulatory Specialist II

www.sunbiz.org

D': '... ... CO ... ... D.O. DOV 0007 FE II 1 ... ... DI : 1 ... ... ... ... ...

#### Articles of Amendment to Articles of Incorporation of

2022 JUN -7 AM 10: 42

#### WELL PHARMA MEDICAL RESEARCH CORP.

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as currently	filed with the Florida Dept. of State).
P07000038031	IALLE IASSEE, FL
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
6	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable	

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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Şmith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFOS	Franklin Mirabal	7000 SW 97 Avenue, Suite 210
Add			Miami, Florida 33173
XX Remove			
2) Change			
Add			
Remove Change	<u>P</u>	EDDIE ARMAS	7000 SW 97 Avenue, Suite 210
Add			Miami, Florida 33173
XX Remove			
4) Change	<u>o</u>	ALCA MEDICAL HOLDINGS, LI	LC 7000 SW 97 Avenue, Suite 2°
XX_ Add			Miami, Florida 33173
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addition</i>	r adding additional Ai nal sheets, if necessary)	. (Be specific)			
		<u> </u>			<del></del>
				<del></del>	
					<del></del>
provisions fo	ent provides for an ex r implementing the an plicable, indicate N/A)	change, reclassific nendment if not co	ation, or cancellation the amo	ion of issued shares, endment itself:	
			_		

The date of each amendment(s) ado	ption: $\sqrt{\omega}$	1, 2023	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more the	an 90 days after amendment file o	late)
Note: If the date inserted in this blocdocument's effective date on the Department.			nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators	or board of directors without sha	areholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi		The number of votes cast for the	amendment(s)
☐ The amendment(s) was/were appromust he separately provided for ea			
"The number of votes cast fo	r the amendment(s) was	s/were sufficient for approval	
by			
	(voting group)		
DatedJuv	1 /, 2002	- <del>1</del> -//	
Signature	<i>\</i>		
selected.	ctor, president or other by an incorporator – if i I fiduciary by that fiduc	officer – if directors or officers he the hands of a receiver, trustee iary)	ave not been or other court
_	Fron 14:	n Arabol nted name of person signing)	
_	CFI	s/secretary	
	(Title of perso	n signing)	