# P070000 45055

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SECRETARY OF STATE
ALLAHASSEE FLORINA

Amend +

JR 12/18

# Housecalls Therapy Services, Inc.

December 7, 2007

ATTN: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Ladies and Gentlemen:

Enclosed is an amendment to the original Articles of Incorporation for what was misspelled as House Calls Therapy Services, Inc. and should actually be Housecalls Therapy Services, Inc.. Our location has also changed. Please process these changes and return a certified copy of the filing of these changes with the Division of Corporations.

Enclosed is a company check for the \$35.00 filing fee as well as \$8.75 for a Certified Copy for a total of \$43.75. Thank you in advance for your timely processing of this request. If you have any questions feel free to contact me directly at (352) 219-2061.

Sincerely

Lester Hammond, P.T., CEO

SECRETARY OF STATE TALL AHASSEE, FLORIOA

2007 DEC 11 AM 8: 00

BECEINED

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	PRPORATION: House Cal	Us Therepy Sorvices	, Inc.
DOCUMENT 1	NUMBER: 107000L	15055	•
The enclosed A	rticles of Amendment and fee a	re submitted for filing.	
Please return all	correspondence concerning this	s matter to the following:	
	Laster Hammond	of Contact Person)	
_	Housecalls Therapy	Services, Inc.	<del></del>
	(Fin	m/ Company)	
	3324 W. Universit	4 Ave. \$157	
	,	(Address)	
	Gainesville, FL 3		·
	•	ate and Zip Code)	
For further info	rmation concerning this matter,	please call:	
Lester	Hammond 14	at (352) 219-	2061
(N	ame of Contact Person)	(Area Code & Daytime	
Enclosed is a ch	eck for the following amount:		
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	643.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendn Division P.O. Box	Address nent Section of Corporations 6 6327 see, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle

Tallahassee, FL 32301

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

	FIL	ED
0,7	DEC 17	PN in
SEC:	RETARY	)F STATE FLORID <b>A</b>
State)	WIASSEE,	FLORIDA

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

P07000045055
(Document number of corporation (if known)

	NAME (if ch		tian	,	
Housecalls	(verapy	zervices,	, Lnc.		
Must contain the word "c A professional corporation	orporation," "con n must contain th	npany," or "incorp e word "chartered	orated" or the abbr i", "professional as	eviation "Corp.," "Inc.," or "Co. sociation," or the abbreviation "I	") P.A.")
nd/or Article Title(s)	being amende	d, added or de	leted: (BE SPEC	GE) Indicate Article Numb <u>CIFIC</u> )	
Article 3:	Principal	office	Article	5: officers	
The address	of the	principal	"office of	5: OFFicers Mis corporation Ocala, FL 344	<u> </u>
TS: 401 NW	3rd Ave	unue, Siis	tes 142,	Ocala, FL 344	75.
				•	
The addre	55 of	the o	fficer	is the sa	ne
as chai	saed a	above.			<del></del>
	3				
		***			
	(	Attach additional	pages if necessary	)	
				ation of issued shares, provint itself: (if not applicable, indi	

(continued)

The date of each amendmen	t(s) adoption: <u>//- 0/- 0</u> 7
Effective date if applicable:	//-0/-07 (no more than 90 days after amendment file date)
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) the amendment(s)	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The timust be separately provided for each voting group entitled to vote mendment(s):
"The number o	f 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 tion was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
selec appo	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)  Letter Hammond, Letter  (Typed or printed name of person signing)
	A A
	(Title of person signing)
	(Title of person signing)

FILING FEE: \$35