

P07 000081272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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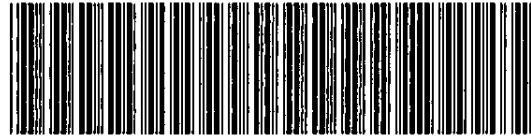
(Business Entity Name)

(Document Number)

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02/10/11--01024--009 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 10 A 11:49

FILED

*Amend  
Trevor's  
2-11-11*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EXPerTS Home Health of Broward

DOCUMENT NUMBER: P070000 812 72

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

Please return all correspondence concerning this matter to the following:

Ruth Joseph

Name of Contact Person

EXPerTS Home Health of Broward

Firm/ Company

15800 Pines Boulevard, Ste 207

Address

Pembroke Pines FL 33027

City/ State and Zip Code

jeanty09@ComCast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth Joseph

Name of Contact Person

at ( 786 ) 447-6534

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2011

EUGENE REMY  
EXPERTS HOME HEALTH OF BROWARD COUNTY  
15800 PINES BLVD., SUITE 207  
PEMBROKE PINES, FL 33027

SUBJECT: EXPERTS HOME HEALTH OF BROWARD COUNTY, INC.  
Ref. Number: P07000081272

We have received your document for EXPERTS HOME HEALTH OF BROWARD COUNTY, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$5.00 is due.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 511A00001933

Articles of Amendment  
to  
Articles of Incorporation  
of

EXPERTS Home Health of Broward, Inc.

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

P07000081272

(Document Number of Corporation (if known))

FILED  
2011 FEB 10 A 11:49  
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:

**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)

**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 address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Eugene Remy

New Registered Office Address:

1800 NE 154 Terrace

(Florida street address)

NORTH MIAMI BEACH, Florida 33162

(City)

(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.*

Eugene Remy  
Signature of New Registered Agent, if changing

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEANTY Remy	17665 SW 20th Miramar FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. 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)*

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The date of each amendment(s) adoption: 02/06/2011  
(date of adoption is required)

Effective date if applicable: 02/06/2011  
(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 \_\_\_\_\_."  
(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 02/06/2011

Signature Joseph  
(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)

Ruth Joseph  
(Typed or printed name of person signing)

CSO / Administration  
(Title of person signing)