

P08000048781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

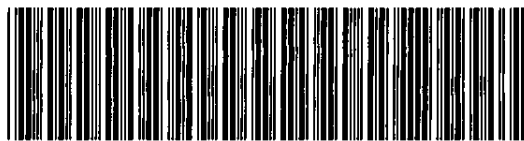
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400219070154

FILING CANCELLED
RETURNED CHECK

01/23/12--01037--013 **35.00

FILED
12 FEB 13 PM 4:38
SECRETARY OF STATE
MAIL ROOM

Amend
02/21/12
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2012

MS. SHARON COSTANZO
RAINFOREST FAMILY MEDICAL CENTER, INC.
4699 NORTH STATE ROAD 7, SUITE B2
TAMARAC, FL 33319

SUBJECT: RAINFOREST FAMILY MEDICAL CENTER, INC.
Ref. Number: P08000048781

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

IF YOU ARE CHANGING THE CORPORATION FROM RAINFOREST FAMILY MEDICAL CENTER, INC. TO RAINFOREST FAMILY MEDICAL CENTER'S INC., PLEASE LIST THE NEW NAME IN SECTION "A" AND THE OLD CORPORATE NAME IN THE HEADING OF THE DOCUMENT.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 212A00001772

Rainforest Family Medical Center's Inc.
4959 North State Road 7 Suite B, Tamarac, Florida 33319
Broward (954) 717-8778
Fax (954) 626-0117

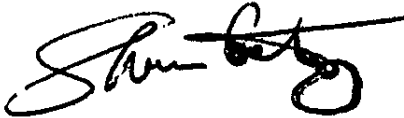
February 9th 2011

Re: Corp officer addition / change

Two whom it may concern,

Please add Dr. Frank J. Falowski as Treasure and Vice President to Rainforest Family Medical Center's Inc. he is a 50 % owner of that Corporation. Check previously sent, we misplaced your response sent last week we apologies.

Thank you,



Ms. Sharon Costanzo

RECEIVED

12 FEB 13 AM 9:34

PALENCIA, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rainforest Family Medical Center's Inc.

DOCUMENT NUMBER: 35-2351073

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

Please return all correspondence concerning this matter to the following:

Ms. Sharon costanzo

Name of Contact Person

Rainforest Family Medical Center's Inc.

Firm/ Company

4699 North State Road 7 Suite B2

Address

Tamarac, Florida 33319

City/ State and Zip Code

DrFrank2001@aol.com

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

For further information concerning this matter, please call:

Dr. Frank Falowski

Name of Contact Person

at (954) 717-8778

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

FILING CANCELLED
RETURNED CHECK

Articles of Amendment
to
Articles of Incorporation
of

Rainforest Family Medical Center, Inc.

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

35-2351073

(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:

not amending

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)

4699 North State Road 7 Suite B2

Tamarac, Florida 33319

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4699 North State Road 7 Suite B2

Tamarac, Florida 33319

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: Ms. Sharon Costanzo

4699 North State Road 7 Suite B2 Tamarac, Florida
(Florida street address)

New Registered Office Address: 4699 North State Road 7 Suite B2 Tamarac, Flo, Florida 33319

(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.

Signature of New Registered Agent, if changing

FILING CANCELLED
RETURNED CHECK

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) <u>pres</u>	<u>Ms. Sharon Costanzo</u>	<u>4699 North State Road 7 Suite B2</u> <u>Tamarac, florida 33319</u>
2) <u>Vice P</u>	<u>Dr. Frank J. Falowski</u>	<u>7585</u> <u>Thornlee Dr.</u> <u>Lake Worth, Florida, 33467</u>
3) <u>Secret</u>	<u>Ms. Sharon Costanzo</u>	<u>4699 North State Road 7 Suite B2</u> <u>Tamarac, Florida 33319</u>
4) <u>Tres</u>	<u>Dr. Frank J. Falowski</u>	<u>7585 Thornlee Dr.</u> <u>Lake Worth Florida 33467</u>
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) _____	_____

FILING CANCELLED
RETURNED CHECK

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

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

50% stock to Ms. Sharon Costanzo \$1.00 value each

50 % Stock to Dr. Frank J. Falowski \$1.00 value each

FILING CANCELLED
RETURNED CHECK

- 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)

The date of each amendment(s) adoption: December 12th 2011

Effective date if applicable: December 12th 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):

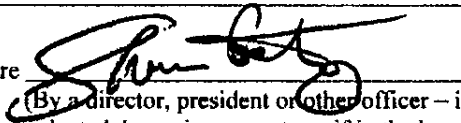
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 December 12th 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)

Ms. Sharon Costanzo

(Typed or printed name of person signing)

President

(Title of person signing)