

P08000056446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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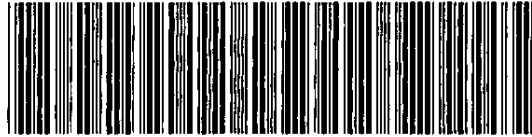
(Business Entity Name)

(Document Number)

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FILED
09 AUG 28 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amernd
C.COULLETTE

AUG 31 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: America Health Brokers Inc

DOCUMENT NUMBER: P08000056446

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

Please return all correspondence concerning this matter to the following:

Tara Borchetta
Name of Contact Person

America Health Brokers Inc
Firm/ Company

2870 Stirling Rd
Address

Hollywood FL 33020
City/ State and Zip Code

tborchetta@ahbnaire.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Borchetta at (954) 927-9758
Name of Contact Person 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

America's Health Broker, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

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

08000050446

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 28 AM 9:05

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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>
pres	Robert Diarpa	68 Smokey ST Aster, NY 11771	☐ Add ☒ Remove
pres	Charles Donisi	2874 Stirling Rd Hollywood FL 33020	☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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

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: 8-25-09
(date of adoption is required)

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):

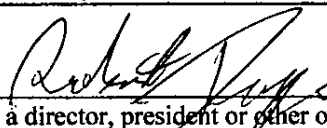
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(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 8-25-09

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)

Robert D'Arpa
(Typed or printed name of person signing)

President
(Title of person signing)