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FILED 09 MAY -6 PM 2: 32 SECRETARY OF STATE TALLAHASSEE, FLORIO

N.C.

C.COULLIETTE

MAY 1 2 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>CARE</u>	TOUCH MRI, INC.
DOCUMENT NUMBER: P09000	006853
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concern	ng this matter to the following:
	RAHUL KAPOOR Name of Contact Person)
	Transcot Contact (cison)
	(Firm/ Company)
	9297 OLMSTEAD DRIVE
	(Address)
	KEWORTH, FLORIDA 33467 City/ State and Zip Code)
For further information concerning this n	
RAHUL KAPOOR	at (561) 601-7857
(Name of Contact Person) Enclosed is a check for the following arm	(Area Code & Daytime Telephone Number) ount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Statu	∴ S43.75 Filing Fcc & S52.50 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CARE TOUCH MRI, INC	= = =
(Name of Corporation as currently filed with the Flo	
P0900006853	_
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this following amendment(s) to its Articles of Incorporation:	s Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation:	
CARE TOUCH HOME CARE, INC.	
The new name must be distinguishable and contain the word "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or I"Co". A professional corporation name must contain the association," or the abbreviation "P.A."	he designation "Corp," "Inc," or
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)	BECRETARY OF STALLAHASSEE, FL
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent:	
New Registered Office Address: (Florida stre	eet address)
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familia position.	ar with and accept the obligations of the
Signature of New Regis.	tered Agent, if changing

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	removed and title, name, and address of each Officer and/or Director being added:				
(Allacii aaa	itional sheets, if necessary)				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			☐ Remove		
			Add Remove		
	ding or adding additional Art dditional sheets, if necessary).				
provisi	mendment provides for an exonons for implementing the amount of applicable, indicate N/A)	change, reclassification, or cancell endment if not contained in the an	ation of issued shares, nendment itself:		
N/A					

The	date of each amendment	(s) adoption: APRIL 29, 2009
Effe	ective date <u>if applicable</u> :	
		(no more than 90 days after amendment file date)
Ado	option of Amendment(s)	(CHECK ONE)
(2)	The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
<u> </u>	The amendment(s) was/wer must he separately provider	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	"The number of votes	east for the amendment(s) was/were sufficient for approval
	by	
		(voting group)
a ,	action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
	Dated APRIL	. 29, 2009
	sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other count pointed fiduciary by that fiduciary)
		RAHUL KAPOOR
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)