

P09000042630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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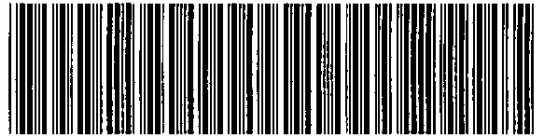
(Business Entity Name)

(Document Number)

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2009 AUG 31 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB SEP - 2 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EXCELLENCE MED-CARE, CORP

DOCUMENT NUMBER: P09000042630

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

Please return all correspondence concerning this matter to the following:

JULIO PRADO P.A. SR.
Name of Contact Person

EXCELLENCE MED-CARE, CORP
Firm/ Company

104 SW 180 AVE
Address

PEMBROKE PINES, FL 33029
City/ State and Zip Code

ACCOUNTAXSERV@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO PRADO P.A. SR at (954) 599-4378
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

Articles of Amendment
to
Articles of Incorporation
of

EXCELLENCE MED-CARE, CORP

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

P09000042630

(Document Number of Corporation (if known))

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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)

104 SW 180 AVE
PEMBROKE PINES, FL 33029

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

104 SW 180 AVE
PEMBROKE PINES, FL 33029

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: JULIO PRADO P.A. SR.

New Registered Office Address: 180 SW 180 AVE
(Florida street address)

PEMBROKE PINES, Florida 33029
(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

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>
<u>PD</u>	<u>JULIO PRADO P.A. SR.</u>	<u>104 SW 180 AVE</u> <u>PEMBROKE PINES, FL 33029</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SD</u>	<u>GRICEL PRADO</u>	<u>104 SW 180 AVE</u> <u>PEMBROKE PINES, FL 33029</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TD</u>	<u>JULIO PRADO JR</u>	<u>104 SW 180 AVE</u> <u>PEMBROKE PINES, FL 33029</u>	<input checked="" 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)

REMOVE ADDRESS 461 HIALEAH DRIVE, HIALEAH, FL 33010 OF OFFICER/

DIRECTOR DETAIL

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: 8/27/2009

Effective date if applicable: IMMEDIATE (date of adoption is required)
(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 8/27/2009

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)

JULIO PRADO P.A. SR.
(Typed or printed name of person signing)

PRESIDENT AND DIRECTOR
(Title of person signing)