P10000001821

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AND ASSECT FROMING

Amend

MAR 1 5 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Total C DOCUMENT NUMBER: P1000000	are Medical Ce 01821	nter, Inc.	
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
Ido Stern, Es			
-	Name of Contact Perso	on	
Stern Zwellir	ng, LLC		
	Firm/ Company		
7100 West 0	Camino Real # 1	21	
	Address		
Boca Raton,	FL 33433		
	City/ State and Zip Coo	le	
	,		
E-mail address: (to	be used for future annual repor	t notification)	
For further information concerning this matter,	please call:		
Ido Stern, Esq.	_{at (} 561	961-5462	
Name of Contact Person	Area Co	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount m	ade payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State		□\$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	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

Total Care Medical Center Inc.

P10000001821

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· · · .	Articles of Amendment to Articles of Incorporation		2012 MAR	TLEO AM S. 30 ESTATE ORIO,
Total Care Medical Cent	er Inc.	7,	ALLANDAN	AM
	ntly filed with the Florida Dept. of	State)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ J. J. J.
P1000001821			· (*)	LOBIE
(Document Numb	per of Corporation (if known)		. 100700444	- "O _A
Pursuant to the provisions of section 607,1006, F its Articles of Incorporation:	Torida Statutes, this <i>Florida Profit</i> (Corporation add	opts the followin	g amendment(s) t
A. If amending name, enter the new name of t	the corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co". A profes.			
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)			-
D. If amending the registered agent and/or re- new registered agent and/or the new regist		enter the name	e of the	_
Name of New Registered Agent				
·	(Floridu street address)			
New Registered Office Address:	(City)	, Florida_	(Zip Code)	_
New Registered Agent's Signature, if changing	g Registered Agent:			
I hereby accept the appointment as registered ag		the obligations	of the position.	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	Р	Gordon Berman	458 West Hillsboro Blvd. Deerfield Beach, FL 33441
2) Change Add Remove	Р	Daniel M Jacobs	458 West Hillsboro Blvd. Deerfield Beach, FL 33441
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) a	adoption: March <u></u> , 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated	1/AR
Signature	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Gordon Berman
	(Typed or printed name of person signing)
	Secretary and Director
	(Title of person signing)