

P/00000010869

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(Address)

(City/State/Zip/Phone #)

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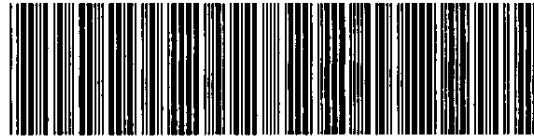
(Business Entity Name)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GIFTED HEALTH CARE, INC.

**DOCUMENT NUMBER:** P10000010869

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

Please return all correspondence concerning this matter to the following:

Evelyn Cadet

Name of Contact Person

Gifted Health Care, Inc.

Firm/ Company

180 NE 45 Street

Address

Miami, FL 33137

City/ State and Zip Code

ebcadet2000@yahoo.com

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

For further information concerning this matter, please call:

Evelyn Cadet

Name of Contact Person

at ( 305 ) 975-5419

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

**Gifted Health Care, Inc.**  
**3200 North Federal Highway Suite 206-4**  
**Boca Raton, FL 33432**

March 31, 2010

Attn: Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Subject: Amendment of Document #: P10000010869

This is to notify that the articles II & III have been changed and adopted by the shareholders. Please , consider the changes and for further information, do not hesitate to contact us at 305 975-5419.

Thank you for your assistance,

A handwritten signature in black ink, appearing to read "Evelyn Cadet", with a stylized flourish at the end.

Evelyn Cadet, President

Articles of Amendment  
to  
Articles of Incorporation  
of

GIFTED HEALTH CARE, INC.

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

P10000010869

(Document Number of Corporation (if known))

FILED  
10 APR -8 PM 4:53  
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)

3200 North Federal Highway  
Suite 206-4  
Boca Raton, FL 33432

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

Same as above

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
(Florida street address)

\_\_\_\_\_, Florida  
(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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input 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)*

Article II. The principal place of business and mailing address:

3200 North Federal Highway, Suite 206-4 Boca Raton, FL 33432

Article III. Purpose of the corporation:

To provide home care services to the community according to state  
and federal regulations.

**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: 3/31/2010

(date of adoption is required)

Effective date if applicable: 3/31/2010

(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 3/31/2010

Signature

Evelyn Cadet

(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)

Evelyn Cadet

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)