

P100000034240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

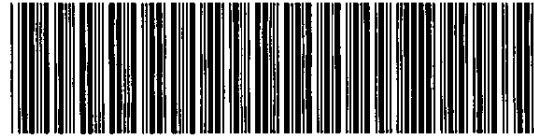
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900252804229

10/15/13--01030--020 **35.00

FILED
13 DEC 12 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amd

DEC 13 2013

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2013

MARCIA GORDON
3M HEALTHCARE SERVICE INC
7481 W. OAKLAND PARK BLVD.#204C
LAUDERHILL, FL 33319

SUBJECT: 3M HEALTHCARE SERVICES, INC.
Ref. Number: P10000034240

We have received your document for 3M HEALTHCARE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2013 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

The total amount due to reinstate is \$715.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 113A00024702

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 3Mhealthcare Service, Inc.

DOCUMENT NUMBER: P10000034240

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

Please return all correspondence concerning this matter to the following:

Marcia Gordon
Name of Contact Person

3M Healthcare Service, Inc
Firm/ Company

7481 W. Oakland Park Blvd #204C
Address

Lauderhill, FL 33319
City/ State and Zip Code

healthcareservice3m@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Gordon at (954) 816-2170
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED

13 DEC 12 AM 9:05

3m Healthcare Services, Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

010000034240

(Document Number of Corporation (if known))

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:

N/A

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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

N/A

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	N/A
<input type="checkbox"/> Add	_____	_____	
<input type="checkbox"/> Remove	_____	_____	
2) <input type="checkbox"/> Change	_____	_____	N/A
<input type="checkbox"/> Add	_____	_____	
<input type="checkbox"/> Remove	_____	_____	
3) <input type="checkbox"/> Change	<u>T</u>	<u>Chelcie Willison</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input checked="" type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	N/A
<input type="checkbox"/> Add	_____	_____	
<input type="checkbox"/> Remove	_____	_____	
5) <input type="checkbox"/> Change	_____	_____	N/A
<input type="checkbox"/> Add	_____	_____	
<input type="checkbox"/> Remove	_____	_____	
6) <input type="checkbox"/> Change	_____	_____	N/A
<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)

N/A

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)

N/A

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

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 10/7/13

Signature

Marcia Gordon
(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)

MARCIA Gordon

(Typed or printed name of person signing)

President

(Title of person signing)