

P10000053583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

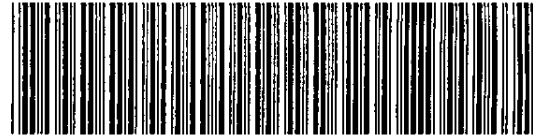
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
3/8

COVER LETTER

TO: Amendment Section,
Division of Corporations

NAME OF CORPORATION: First Choice Pharmacy Discount Corp

DOCUMENT NUMBER: P1000000 53583

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

Please return all correspondence concerning this matter to the following:

Jeannine Smith
Name of Contact Person

Firm/ Company

19112 NW 23 CT
Address

Pembroke Pines FL 33029
City/ State and Zip Code

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

For further information concerning this matter, please call:

Jairo Raga at (786) 663 5343
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

First Choice Pharmacy Discount Corp.

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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>
P	Jeanine Smith	19112 NW 23CT Bridle Hrs FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	Mercedes Luis	5373 W 11 AVE Hialeah FL 33013	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Magalis Gonzalez	2021 W 69 St. Unit A Hialeah FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
ST	Jairo Baga	6110 main St Apt 10 Miami Lakes FL 33014	<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)

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: 2 / 8 / 2011

(date of adoption is required)

Effective date if applicable: 2 / 8 / 2011

(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 2 / 25 / 2011

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)

Lairo Raga

(Typed or printed name of person signing)

Secretary

(Title of person signing)