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FAX NO.

P. 001

5/23/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WB HEALTH CARE SERVICES INC**

Certificate of Status	0
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Page Count	05
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P.002

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May 27, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WB HEALTH CARE SERVICES INC  
9600 NW 25 ST  
SUITE 6E  
DORAL, FL 33172US

SUBJECT: WB HEALTH CARE SERVICES INC  
REF: P10000053696

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check only ONE box under adoption of amendment on page 4 of the amendment form.

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

Annette Ramsey  
Regulatory Specialist II

FAX Aud. #: H14000122249  
Letter Number: 114A00011349

RECEIVED  
14 MAY 27 PM 4:53  
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2014 MAY 27 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAArticles of Amendment  
to  
Articles of Incorporation  
ofWB Health Care Services, Inc.

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

P 10000053696.

(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)

2666 NW 97 Ave  
Doral, FL 33172.

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

2666 NW 97th Ave.  
Doral, FL 33172.

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 AgentMinerva Rodriguez.2666 NW 97th Ave.  
(Florida street address)New Registered Office Address:Doral

(City)

Florida

33172

(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.*

X Rodriguez

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)

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) ☐ Change

P

María Del Carmen  
Sánchez

9600 NW 25 St.  
Suite 6E.  
Doral, FL 33172.

☐ Add

☒ Remove

2) ☐ Change

P

Minerva Rodriguez  
2666 NW 97th Ave  
Doral, FL 33172.

☒ Add

☐ Remove

3) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

4) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

[illegible][illegible]

The date of each amendment(s) adoption: 05-21-2014

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 05-21-2014

Signature x [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)

Minema Rodriguez  
(Typed or printed name of person signing)  
President  
(Title of person signing)