# P10000055064

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10 JUL 12 PH 2: 55

### COVER LETTER

TO: Amendment Section
Division of Corporations

And the second s	•
NAME OF CORPORATION:	Family and Palliative Care Inc.
DOCUMENT NUMBER:	P10000055064
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
	- Denise Libby
1	Name of Contact Person
·	Firm/ Company
-	1 in a company
. 34	10 NW 110 Terrace
•	Address
	· .
Cor	al Springs, FL 33065
	City/ State and Zip Code
•	
dlibb	y@bellsouth.net
E-mail address: (to be use	ed for future annual report notification)
	1
For further information concerning this matter	, please call:
er all the second by the second secon	706 7560
Denise Libby	at (954) 796-7560
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	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Cliffon Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation

10 JUL 12 PM 2:55

#### Family and Palliative Care Inc.

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

#### P10000055064

(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:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional 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)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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)	Premier Family an	nd Palliative Med	ical Center, Inc		T	he new
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:	abbreviation "Corp.," "Inc.," or Co.," or i	the designation !"Co	orp," "Inc," or "(	Co". A professi	porated" onal corp	or the poration
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:						
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:	Principal office address <u>MUST BE A STRI</u> -	<u>EET ADDRESS</u> )		•		
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:						
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:						
new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida sireet address)  , Florida  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	(Muning university MAT BE A POST OF	PICE BOX				
New Registered Office Address: (Florida street address) , Florida (City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	D. <u>If amending the registered agent and/o</u>			la, enter the nan	ne of the	
(City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:		egisteren omice ant		:		
(City) (Zip Code) . New Registered Agent's Signature, if changing Registered Agent:		egistered office add				· · · ·
(City) (Zip Code) . New Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent:	•				:
	Name of New Registered Agent:	•		•		: -
I be wally account the approximation and account from Comilian with and account the chications of the s	Name of New Registered Agent:	(Flori		, Florida		· · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if chan	(Flori (City)	då sireet address) gent:	, Florida (Zip Code)		
Signature of New Registered Agent, if changing	Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if chan	(Flori (City)	då sireet address) gent:	, Florida (Zip Code)	s of the p	osition.

## 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)

Title	<u>Name</u>		Address	Type of Action
•			· ·	
-	<u></u>			Remove
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•				Remove
E. If amendin	ng or adding add itional sheets, if n	itional Articles, enter ecessary). (Be specif	change(s) here: lv)	•
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F. If an ame	ndment provides	for an exchange, recl	assification, or cancellation	on of issued shares,
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The date of each amend	nent(s) adoption:	7/1/2010			
Effective date <u>if applical</u>	ole: 7/1/2010	(date of adoption			
	(no more that	n 90 days after amendn	ient file date)	1	
Adoption of Amendmen	t(s) ( <u>C</u>	CHECK ONE)			
The amendment(s) was			number of vot	tes cast for the a	mendment(
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The amendment(s) wa action was not require	•	the incorporators witho	nt shareholde	er action and sha	reholder
Dated_	7/6/2010		· :		
Signatu		31	lun	a	
· ·	selected, by an inc	esident or other officer - corporator – if in the ha by by that fiduciary)			
•		Sherika Ne	wman		
	(	Typed or printed name	of person sig	ning)	=
·	/T:+1.		<u>- · · ·</u>		_