

P10000063704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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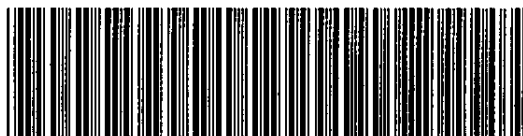
(Business Entity Name)

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2011 MAR 24 P 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Revis
3-25-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DIRECT HELPERS MEDICAL CENTER INC

DOCUMENT NUMBER: P10000063704

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

Please return all correspondence concerning this matter to the following:

Idalis Lopez
Name of Contact Person

DIRECT HELPERS MEDICAL CENTER INC
Firm/ Company

SP81 NW 151 Street, Suite 115
Address

Miami FL 33014
City/ State and Zip Code

Sosej2012@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Idalis Lopez at (756) 3401498
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2011

IDALIS LOPEZ
DIRECT HELPERS MEDICAL CENTER, INC.
7954 NW 198 TERRACE
MIAMI, FL 33025

SUBJECT: DIRECT HELPERS MEDICAL CENTER, INC.
Ref. Number: P10000063704

A review of our records indicate the error was done on the updating of the 2011 annual report. The report was filed by the corporation on 01/07/11.

In order to correct the records you can file an Amendment to the Articles of Incorporation.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 011A00006399

RECEIVED

11 MAR 24 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of state\
Division of Corporation
Corporate Filings.

To Whom It May Concern:

On 08/04/2010 filed a corporation " Direct Helpers Medical Center inc.
But I was checking my corporation papers, I find son errors that it has
to be fix I do not now how I can do it is of matter of some missing letters
I'm include the actually papers for you to look at them please let me
know what you can do or if this problem may cause me any problem in
the future for my corporation.

Thank you very much for your help

Sincerely


IDALIS LOEZ

7954 NW 198 Terrace Miami Fl 33015

RECEIVED

11 MAR 15 AM 10:46

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

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

DIRECT HELPERS MEDICAL CENTER, INC.

(Document Number of Corporation (if known))

FILED
201 MAR 24 P 1:51
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)

5881 NW 151 Street
Suite 115
Miami FL 33014

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

5881 NW 151 Street
Suite 115
Miami FL 33014

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:

5881 NW 151 Street
(Florida street address)
Suite 115 Miami, Florida 33014
(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>
PD	LOPEZ IDALIS	5881 NW 151 Street SUITE 115 MIAMI FL 33014	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
OD	LOPEZ IDALIS	5881 NW 151 Street SUITE 115 MIAMI FL 33014	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TRES	LOPEZ IDALIS	5881 NW 151 Street SUITE 115 MIAMI 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: 03-15-2011
(date of adoption is required)

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 03-15-2011

Signature

Idaliz Lopez
(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)

Idaliz Lopez
(Typed or printed name of person signing)

President
(Title of person signing)