

P120000033389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

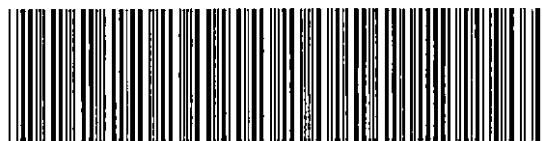
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000336533200

19 NOV 20 21:11:18

FILED
19 NOV 20 21:11:23
FBI - NEW YORK

NOV 21 2019
S. YOUNG

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/20/2019

Acc#120160000072

en: c DW

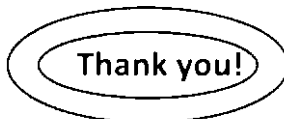
Name:	SAVING LIVES HOME HEALTH AGENCY, INC
Document #:	
Order #:	12409917

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 35.00



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Saving Lives Home Health Agency, Inc.
P12000033389

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Kristin Glover

Name of Contact Person

DCHC

Firm/ Company

8010 25th Court East, Unit 103

Address

Sarasota, FL 34243

City/ State and Zip Code

compliance@doctorschoicefl.com

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

For further information concerning this matter, please call:

Kristin Glover at (580) 585-7394
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

Saving Lives Home Health Agency, Inc.

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

P12000033389

(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:

_____ 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)

10 SE Central PKWY

Suite 150

Stuart, FL 34994-5917

C. Enter new mailing address, if applicable: NO
(Mailing address MAY BE A POST OFFICE BOX) CHANGE

8010 25th court E,

Unit 103

Sarasota, FL 34243

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 CT Corporation System
1200 South Pine Island Road
(Florida street address)

New Registered Office Address: Plantation, Florida 33324
(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

Michael E. Jones
Assistant Secretary

FILED
19 NOV 30 AM 11:25

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:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change ___ Add ___ Remove	<u>Pres</u>	<u>Cassandra Bell</u>	<u>8010 25th Court E</u> <u>Unit 103</u> <u>Sarasota, FL 34243</u>
2) ___ Change <u>X</u> Add ___ Remove	<u>VP</u>	<u>William Crothers</u>	<u>PO Box 181569</u> <u>Dallas, TX 75218</u>
3) <u>X</u> Change ___ Add ___ Remove	<u>Board</u>	<u>Richard Ryan Shultz</u>	<u>PO Box 181569</u> <u>Dallas, TX 75218</u>
4) ___ Change ___ Add ___ Remove	<u>CFO</u>	<u>Kurt Lang</u>	<u>8010 25th Court E</u> <u>Unit 103</u> <u>Sarasota, FL 34243</u>
5) <u>X</u> Change ___ Add ___ Remove	<u>Board Member</u>	<u>Timothy Beach</u>	<u>8010 25th Court E</u> <u>Unit 103</u> <u>Sarasota, FL 34243</u>
6) <u>X</u> Change ___ Add ___ Remove	<u>Board Member</u>	<u>Stuart Christensen</u>	<u>8010 25th Court East</u> <u>Unit 103</u> <u>Sarasota, FL 34243</u>

1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
 9. What are the references?
 10. What are the appendices?

[illegible]

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

Effective date if applicable: 11/19/2019
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/19/2019

Signature Kurt Lang
Kurt Lang (Nov 19, 2019)
(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)

Kurt Lang
(Typed or printed name of person signing)

CFO
(Title of person signing)

SUNBIZ Application to update information Port St. Lucie

Final Audit Report


2019-11-19

Created:	2019-11-19
By:	Kristin Glover (kristin.glover@hotmail.com)
Status:	Signed
Transaction ID:	CBJCH8CAABAAbFCyKi1hqnsQ6ltXZ8ztAAEJvis_aTf


"SUNBIZ Application to update information Port St. Lucie" History

 Document created by Kristin Glover (kristin.glover@hotmail.com)


2019-11-19 - 1:42:11 PM GMT - IP address: 160.3.75.24

 Document emailed to Kurt Lang (kurt.lang@doctorschoicefl.com) for signature


2019-11-19 - 1:59:08 PM GMT

 Email viewed by Kurt Lang (kurt.lang@doctorschoicefl.com)

2019-11-19 - 2:35:38 PM GMT - IP address: 172.99.57.26

 Document e-signed by Kurt Lang (kurt.lang@doctorschoicefl.com)

Signature Date: 2019-11-19 - 2:38:21 PM GMT - Time Source: server - IP address: 172.99.57.26

 Signed document emailed to Kurt Lang (kurt.lang@doctorschoicefl.com) and Kristin Glover (kristin.glover@hotmail.com)

2019-11-19 - 2:38:21 PM GMT



Adobe Sign