

P12000087605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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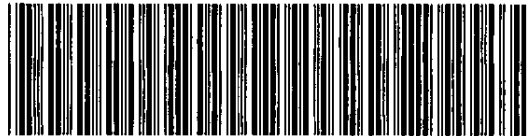
(Business Entity Name)

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15 AUG -7 AM 8:09  
RECEIVED  
TALLAHASSEE, FLORIDA

*And*

AUG 10 2015

R. WHITE

# Liberty Health & Life, Inc.

Tuesday, August 04, 2015

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Sent Via FEDEX Delivery- Tracking Info: 7742 0878 7557

In Re: Liberty Health and Life, Inc.  
Document# P12000087605

Please find enclosed the completed Florida Department of State Division of Corporations Articles of Amended for the change of registered agent, change of ownership and the removal/addition of officers.

Should you require any further action or information from this end, please let me know as we make our best efforts to comply with the requirements mandated by the state.

Respectfully,



Katherine Hardial  
Medical Records Supervisor  
KHardial@AAM.US  
DIRECT: 305-438-9696 Ext 2363  
Facsimile: 954-436-4263

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LIBERTY HEALTH AND LIFE, INC.

**DOCUMENT NUMBER:** P12000087605

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

Please return all correspondence concerning this matter to the following:

STEVEN KING

Name of Contact Person

ALL AMERICAN MEDICAL SUPPLIES, LLC

Firm/ Company

3640 ENTERPRISE WAY

Address

MIRAMAR, FL 33025

City/ State and Zip Code

LICENSING@LIVEWELLHOLDINGS.NET

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

For further information concerning this matter, please call:

STEVEN KING

Name of Contact Person

at ( 305 ) 455-3862

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

Articles of Amendment  
to  
Articles of Incorporation  
of

LIBERTY HEALTH & LIFE, INC.

FILED

15 AUG -7 AM 8:09

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

P12000087605

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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**)

**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

STEVEN KING

3620 ENTERPRISE WAY

(Florida street address)

New Registered Office Address:

MIRAMAR

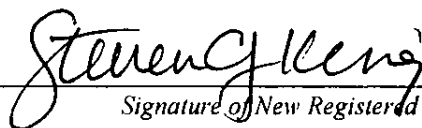
(City)

Florida 33025

(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)

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) <input type="checkbox"/> Change	<u>P/OWNI</u>	<u>NEW HORIZONS HOLDINGS, LLC</u>	<u>3620 ENTERPRISE WAY</u>
<input checked="" type="checkbox"/> Add			<u>MIRAMAR, FL 33025</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P/D</u>	<u>DREW MEYER</u>	<u>3660 ENTERPRISE WAY</u>
<input type="checkbox"/> Add			<u>MIRAMAR, FL 33025</u>
<input checked="" type="checkbox"/> Remove			
3 ) <input type="checkbox"/> Change	<u>D</u>	<u>DANE MEYER</u>	<u>3660 ENTERPRISE WAY</u>
<input type="checkbox"/> Add			<u>MIRAMAR, FL 33025</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>CEO</u>	<u>EDWARD LETKO</u>	<u>3620 ENTERPRISE WAY</u>
<input checked="" type="checkbox"/> Add			<u>MIRAMAR, FL 33025</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input 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)*

PLEASE REMOVE DREW MEYER AS PRESIDENT AND DIRECTOR AS WELL AS DANE MEYER AS DIRECTOR  
FOR LIBERTY HEALTH & LIFE INC. THE PRESIDENT AND OWNER SHOULD NOW REFLECT  
NEW HORIZONS HOLDINGS, LLC AND THE CEO SHOULD BE LISTED AS EDWARD LETKO. THE REGISTERED  
AGENT SHOULD NOW REFLECT STEVEN KING LOCATED AT 3620 ENTERPRISE WAY, MIRAMAR, FL 33025  
AND DREW MEYER SHOULD BE REMOVED AS THE REGISTERED AGENT FOR THE COMPANY.

**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)*

07/30/2013

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

Effective date if applicable: \_\_\_\_\_  
(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 7/30/2015

Signature

Steven King  
(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)

STEVEN KING

\_\_\_\_\_  
(Typed or printed name of person signing)

CORPORATE COMPLIANCE OFFICER

\_\_\_\_\_  
(Title of person signing)