

P13000053040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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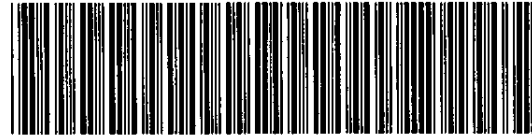
(Business Entity Name)

(Document Number)

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13 JUL 29 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUL 3 2013  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2013

MERIAM E. GUIRGUIS / SAINT MARY HOME CARE  
1951 TARRAGON LANE  
NEW PORT RICHEY, FL 34655

SUBJECT: SAINT MARY HOME CARE, INC  
Ref. Number: P13000053040

We have received your document for SAINT MARY HOME CARE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 613A00017008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Saint Mary Home Care

**DOCUMENT NUMBER:** P13000053040

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

Please return all correspondence concerning this matter to the following:

Meriam E. Guirguis

Name of Contact Person

Saint Mary Home Care

Firm/ Company

1951 Tarragon Lane

Address

New Port Richey, FL, 34655

City/ State and Zip Code

mira715@csu.fullerton.edu

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

For further information concerning this matter, please call:

Meriam E. Guirguis

Name of Contact Person

at ( 714 ) 356-8759

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

Saint Mary Home Care, Inc.

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

P13000053040

(Document Number of Corporation (if known))

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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**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

1951 Tarragon Lane  
New Port Richey, FL 34655

**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 Meriam E. Guirguis


1951 Tarragon Lane

(Florida street address)

New Registered Office Address: New Port Richey, Florida 34655  
(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

Page 2 of 4

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

NA

**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)

Meriam E. Guirguis 100% owner

The date of each amendment(s) adoption: 07/01/2013

Effective date if applicable: 07/01/2013

(no more than 90 days after amendment file date)

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TALLAHASSEE, FLORIDA

**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: 7/25/2013

Signature: [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)

Meriam E. Guirguis  
(Typed or printed name of person signing)

P13000053040

President  
(Title of person signing)