

P95000060984

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0380

From: Account Name : GUILLERMO RODRIGUEZ & ASSOCIATES, INC.  
Account Number : T20050000147  
Phone : (305)649-7128  
Fax Number : (305)643-2905

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DIVISION OF CORPORATIONS

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ROYAL PALM HEALTH CENTER, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

*Amnd 5-21-07*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ROYAL PALM HEALTH CENTER, INC.

DOCUMENT NUMBER: P95000060984

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

Please return all correspondence concerning this matter to the following:

FRANKLIN LLANES  
(Name of Contact Person)

ROYAL PALM HEALTH CENTER, INC.  
(Firm/ Company)

11880 SW 40 STREET SUITE # 301  
(Address)

MIAMI FLORIDA 33175  
(City/ State and Zip Code)

For further information concerning this matter, please call:

FRANKLIN LLANES at ( 305 ) 649-7128  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

07 MAY 21 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

ROYAL PALM HEALTH CENTER, INC.

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

P95000060984

(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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**PLEASE CHANGE THE PRINCIPAL ADDRESS, MAILING ADDRESS,  
REGISTERED AGENT ADDRESS AND DIRECTOR ADDRESS FOR THE  
NEW ADDRESS 11880 SW 40 STREET SUITE # 301  
MIAMI FLORIDA 33175**

THANK YOU.

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: MAY 20, 2007

Effective date if applicable: MAY 20, 2007  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**


The amendment(s) was/were approved 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.

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)

FRANKLIN LLANES  
(Typed or printed name of person signing)

PRESIDENT AND DIRECTOR  
(Title of person signing)

FILING FEE: \$35