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FLORIDA DIVISION OF CORPORATIONS  
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((H9700005471 2))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000  
FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: SOUTH DADE ELDERLY HEALTH CARE, INC.  
AUDIT NUMBER.....H9700005471  
DOC TYPE.....BASIC AMENDMENT  
CERT. OF STATUS..0 PAGES..... 2  
CERT. COPIES.....0 DEL.METHOD.. FAX  
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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

RECEIVED  
97 APR -3 PM 1:04  
DIVISION OF CORPORATIONS

SH 4/3  
Amend.

FILED  
97 APR -3 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this day First of April, 19 97

Signature *Mercedes Benedir*  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Mercedes Benedir  
Typed or printed name

Director / President  
Title