

P960000002476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

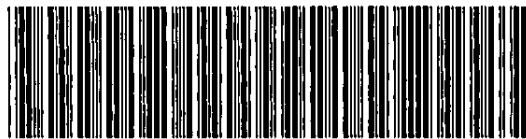
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 21 PM 1:01

RECEIVED  
DIVISION OF CORPORATIONS

Amend  
@ 9/21/12

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MOUNT AUBURN, INC.

DOCUMENT NUMBER: P96000002476

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

Please return all correspondence concerning this matter to the following:

ELIZABETH VELOZO

Name of Contact Person

INTEGRITY HEALTH ADVISORS, INC.

Firm/ Company

450 ALTON ROAD, 1905

Address

MIAMI BEACH, FL 33139

City/ State and Zip Code

INTEGRITYHEALTHADVISORS@YAHOO.COM

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

For further information concerning this matter, please call:

ELIZABETH VELOZO

Name of Contact Person

at 305 9153713

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2012

ELIZABETH VELOZO  
INTEGRITY HEALTH ADVISORS  
450 ALTON ROAD - UNIT 1905  
MIAMI BEACH, FL 33139

SUBJECT: MOUNT AUBURN, INC  
Ref. Number: P96000002476

We have received your document for MOUNT AUBURN, 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 current name of the entity is as referenced above. Please correct your document accordingly.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 312A00023195



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2012

ELIZABETH VELOZO  
INTEGRITY HEALTH ADVISORS  
450 ALTON ROAD - UNIT 1905  
MIAMI BEACH, FL 33139

SUBJECT: MOUNT AUBURN, INC  
Ref. Number: P96000002476

We have received your document for MOUNT AUBURN, INC. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

The fee to file your document is \$35.

You can not resign as registered agent on the form submitted. Please put the officer's correct title (DPS) on form.

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

Irene Albritton  
Regulatory Specialist II

Letter Number: 512A00023195

Articles of Amendment  
to  
Articles of Incorporation  
of

MOUNT AUBURN, INC.

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

PA000002476

(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:

N/A

*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)

5790 NW 72ND AVENUE  
MIAMI, FL 33166

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

2010 N.E. 45 STREET  
FORT LAUDERDALE  
FL 33308

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 ANDRES PEREZ-BORGES

2010 N.E. 45 STREET

(Florida street address)

New Registered Office Address: FT. LAUDERDALE, Florida 33308

(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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>DPS</u>	<u>CHRIS DAVIES</u>	<u>80 SW 8 STREET</u>
<input type="checkbox"/> Add			<u>SUITE 200</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI, FL 33130</u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>ANDRES PEREZ-BORGES</u>	<u>2010 N.E. 45 STREET</u>
<input checked="" type="checkbox"/> Add			<u>FT. LAUDERDALE, FL 33308</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<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)

N/A

**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)

N/A

The date of each amendment(s) adoption: 08/30/2012

Effective date if applicable: 08/30/2012

(no more than 90 days after amendment file date)

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 09/21/2012

Signature

Andres Perez Borges  
(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)

ANDRES PEREZ-BORGES

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)