

P96000072080

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Yema Health Services Inc. (Corporation Name) (Document #)

2. Amend (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

000002464770--3

-03/23/98-01047-004

\*\*\*\*\*35.00 \*\*\*\*\*35.00

NEW FILINGS	
Profit	
NonProfit	Name
Limited Liability	Avail
Domestication	Domestic
Other	Update

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R/A, Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input checked="" type="checkbox"/>	Merger

OTHER FILINGS	
Annual Report	AC
Fictitious Name	W
Name Reservation	

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other

RECEIVED  
93 MAR 23 AM 11:15  
DIVISION OF CORPORATION

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 23, 1998

Lazarus Corporate Filing Service, Inc.  
3320 S.W. 87th Avenue  
Miami, FL

SUBJECT: YEMA HEALTH SERVICES, INC  
Ref. Number: P96000072080

We have received your document for YEMA HEALTH SERVICES, 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):

Are you changing the registered agent. If you are please state so in the amendment.

If you have any questions concerning the filing of your document, please call (850) 487-6907.

Annette Hogan  
Corporate Specialist

Letter Number: 298A00015445

RECEIVED  
98 MAR 24 PM 3:14  
DIVISION OF CORPORATION

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

Yema Health Services,

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted) ARTICLE IV DANIEL R GUANCHE (VICE PRESIDENT)  
MIRNA FATANDO (PRESIDENT) 782NW 42 AVE #433  
MIAMI FL 33126

**SECOND:** 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, are as follows:

**THIRD:** The date of each amendment's adoption: 3/16/98

**FOURTH:** Adoption of Amendment(s) (check one)

- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
- ☒ 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 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)

(continued)

Signed this 16 day of March, 19, 98.

By (X) Myrna Fajardo  
(Chairman or Vice Chairman of the Board of Directors, President or  
other officer if adopted by the shareholders)  
OR  
(A director or incorporator if adopted by the directors or incorporators)

Myrna Fajardo

(Typed or printed name)

President / DIRECTOR

(Title)

~~HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE  
OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED  
IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS  
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER  
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING  
TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I  
AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS  
REGISTERED AGENT.~~

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_