

P96000078969

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EXPRESS CORPORATE FILING SERVICE INC

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CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

(FAX#)

OFFICE USE ONLY

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

1. Optima Healthcare Network of South Florida, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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100003305921--2

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

00 JUN 27 PM 2:10

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 JUN 27 AM 10:20

RECEIVED

Amend
6-29-10
JMS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 27, 2000

EXPRESS CORPORATE FILING SERVICE, INC.

CORAL GABLES, FL

SUBJECT: OPTIMA HEALTHCARE NETWORK OF SOUTH FLORIDA, INC.
Ref. Number: P96000078969

We have received your document for OPTIMA HEALTHCARE NETWORK OF SOUTH FLORIDA, 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 contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 487-6957.

Doug Spitler
Document Specialist

Letter Number: 700A00036301

RECEIVED
00 JUN 29 AM 10:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLE OF INCORPORATION
OF
OPTIMA HEALTHCARE NETWORK OF SOUTH FLORIDA, INC.
DOC.# P96000078969

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 the article number(s) being amended, added or deleted)

PRINCIPAL OFFICE:

THE NEW PRINCIPAL OFFICE WILL BE:

**7402 S.W. 48th STREET
MIAMI, FL 33155**

REGISTERED AGENT

THE NAME OF THE NEW REGISTERED AGENT WILL BE:

**MARTA PALOMO
7402 S.W. 48th STREET
MIAMI, FL 33155**

BOARD OF DIRECTORS

THE NAME AND ADDRESS OF THE SOLE DIRECTOR/OFFICER WILL BE:

**MARTA PALOMO (P/V/S/T/D)
5725 MICHELANGELO ST.
CORA GABLES, FL 33146**

SECOND: If an amendment provides for exchange, or reclassification or cancellation of issued shares, provisions for implementation the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 6-26-00

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

X the amendment(s) was/were approved by the board of directors without shareholder action and shareholder action was not required.

I hereby accept the appointment as registered Agent & agree to act in this capacity.

Signature


MARTA PALOMO (P/D)

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00 JUN 27 PM 2:10
CLERK OF STATE
TALLAHASSEE, FLORIDA