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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4000

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

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00 DEC 28 PM 4:52
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

BASIC AMENDMENT

ADVANTAGE HEALTH CARE CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Amendment
12-29-00

DC

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ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION

Advantage Health Care Center, Inc.
(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.

Requester - Article II - { delete: Cesar Porto - 3191 Carol Way, Miami FL 33145
add: Nancy Pando, 4905 S.W. 8TH Ave, Miami, FL 33134
directors - Article II - delete: Roberto Hernandez, 4905 S.W. 8TH Ave, Miami, FL 33134
President -

FIRST: Amendment(s) adopted:

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

THIRD: The date of each amendment: 12-28-00

FOURTH: 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 was not required.

Kiomara Lee
9100 S. Dadeland Blvd Suite #401
Miami, Florida 33156
Phone: (305) 670-1069
Fax: (305) 670-1077

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TALLAHASSEE, FLORIDA
(continued)

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Signed this 27 day of December ~~1999~~
2000

X By Nancy Sanchez
(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)

Nancy Sanchez
(Typed or printed name)

PRESIDENT
(Title)

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 OF MY POSITION AS REGISTERED AGENT.

Normey Sanchez

 REGISTERED AGENT

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