

P98000051748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

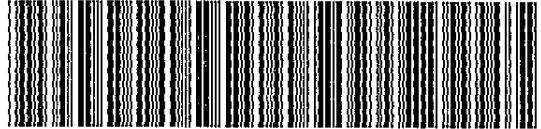
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FILED
05 OCT 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bloomfield Enterprises Corp.

DOCUMENT NUMBER: 98000051748

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

Please return all correspondence concerning this matter to the following:

Debara D. Meitz MD
(Name of Contact Person)

Key West Family Health + Wellness Center Inc
(Firm/ Company)

3706 N Roosevelt Blvd Ste G
(Address)

Key West, FL 33040
(City/ State and Zip Code)

For further information concerning this matter, please call:

Kelly Bowen
Debara D. Meitz MD at (305) 292-7282
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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



KEY WEST FAMILY HEALTH & WELLNESS CENTER

DEBORA D. MEITZ, M.D.

BOARD CERTIFIED FAMILY PHYSICIAN

Adult Medicine • Gynecology • Pediatrics

October 19, 2005

Attn: Thelma
2661 Executive Center Circle
Tallahassee, FL 3230

Thank you very much for your help in reference to an amendment requested on Bloomfield Enterprises Incorporated Articles of Incorporation. I am sending a copy of this correspondence initially sent on December 15, 1998. I have enclosed the new amendment form with an enclosed check of \$52.50 for the filing fees. Please make the appropriate changes to the corporate documents. We would greatly appreciate it if these changes could be retroactive to the original date of this request. We appreciate any help you could provide in this matter.

Sincerely,

Kelly Bowen
Key West Family Health & Wellness

Articles of Amendment
to
Articles of Incorporation
of

Bloomfield Enterprises Corp.

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

FILED

05 OCT 20 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P98000051748

(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:

NEW CORPORATE NAME (if changing):

Key West Family Health + Wellness Center Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: Initially requested 12/15/1998
Effective date if applicable: 12/15/1998
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved 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.

Signature


(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)

Debara D Meitz MD

(Typed or printed name of person signing)

President / CEO

(Title of person signing)

FILING FEE: \$35