

P98000089689

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

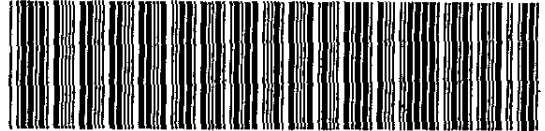
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04 JAN 13 PM 1:55
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE OF OFFICERS OF OMEGA HEALTH CENTER, INC.

DOCUMENT NUMBER: P98000089689

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

Please return all correspondence concerning this matter to the following:

CLIFFORD O'CONNOR, D.P.M. - PRESIDENT

(Name of Person)

OMEGA HEALTH CENTER, INC.

(Name of Firm/ Company)

640 N. E. 149 STREET

(Address)

MIAMI, FLORIDA 33161

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

CLIFFORD O'CONNOR, D.P.M. - PRESIDENT

(Name of Person)

at (305) 945-9740

(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
(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
409 E. Gaines Street
Tallahassee, FL 32399

FILED
04 JAN 13 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to
Articles of Incorporation of

OMEGA HEALTH CENTER, INC.

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

P98000089689

(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):

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

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

ARTICLE IX - CORPORATE OFFICERS:

CLIFFORD O'CONNOR, D.P.M. - PRES.

640 N. E. 149 STREET

MIAMI, FLORIDA 33161

LIVINGSTON NUAMAH, D.P.M. - VICE PRES.

640 N. E. 149 STREET

MIAMI, FLORIDA 33161

ISAAC AKAMUNE, P.A., TREASURER

640 N. E. 149 STREET

MIAMI, FLORIDA 33161

(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)

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The date of each amendment(s) adoption: NOVEMBER 6, 2003

Effective date, if applicable: NOVEMBER 6, 2003
(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.

Signed this 31st day of December, 2003

Signature _____

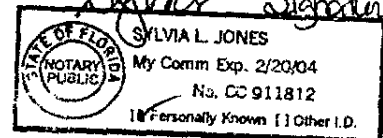
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CLIFFORD O'CONNOR, D.P.M.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



FILING FEE: \$35