

Richard D. [unclear]  
**P99000030565**

Requestor's Name

1446 LAKEVIEW DR

Address

888  
Tampa Springs FL 803 1389  
City/State/Zip Phone #  
34689

Office Use Only

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

1. Gulf Haven Health Care Services Inc  
(Corporation Name) (Document #)
2. Gulf Haven Care Providers Inc  
(Corporation Name) (Document #)
3. Amend  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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99 APR -8 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 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

500002834005--2  
-04/03/99-01001-016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

DR

4/8/99

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

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TALLAHASSEE, FLORIDA

Myly Haven Health Care Services Inc

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit 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)

Amend article IV Registered Agent  
See Attached

Add Article VI  
Officers

Luisa Stull WFO, Adm  
6305 Bayshore Dr  
New Port Richey, FL 34652

**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: 4-5-99.

**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 and shareholder action was not required.

Signed this 2<sup>nd</sup> day of April, 19 99.

Signature

Teresa Sterle UDO, Adm Teresa Sterle UDO  
(By the 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)

Teresa Sterle

Typed or printed name

UDO, Adm

Title

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: GULF HAVEN HEALTH CARE SERVICES INC

2. The mailing address of the corporation is: 6305 BAYSIDE DRIVE  
NEW PORT RICHEY, FL 34652

3. Date of incorporation/qualification: 04/02/99 Document number: P99000030565

4. The name and address of the current registered agent and office:

Richard D. Anderson  
1446 Lakeview Dr  
Tarpon Springs, FL 34689

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

BRIAN HOLD  
6305 BAYSIDE DRIVE  
NEW PORT RICHEY, FL 34652

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Brian R. Hold  
(Signature of an officer, chairman or vice chairman of the board)

04/07/99  
(Date)

BRIAN KEITH HOLD (OWNER)  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Brian Keith Hold  
(Signature of Registered Agent)

04/07/99  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*