

# V45750

Lender Home Health Care  
953 SW 87 AVE Snt R.  
Miami Fla 33174

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

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

800002115948--0  
-03/18/97--01037--019  
\*\*\*\*\*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

cor panned - 666 V  
Linda

FILED  
97 MAR 18 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**FILED**  
**97 MAR 18 PM 12:52**  
**SECRETARY OF STATE,**  
**TALLAHASSEE, FLORIDA**

\_\_\_\_\_  
**TENDER HOME CARE CORP.**

\_\_\_\_\_  
(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: Article Six: To delete Mr. Anthony W. Lagonowicz, as Director and Vice-President/Secretary of the corporation; the sole Director of the corporation is Maria Elena Manzano Garcia, her address is 8211 S.W 12th Terrace, Miami, Florida 33144.

**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: March 12, 1997.

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

- ☒ The amendment(s) was/were adopted by the incorporators or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 unanimously  
(voting group)


(continued)

Signed this 12th day of March, 19, 97.

TENDER HOME CARE, INC.

(Corporation Name)

By X

  
(Chairman or Vice Chairman of the Board of Directors, President or  
other officer if adopted by the shareholders)

(A director or incorporator if adopted by the directors or incorporators)

Maria E. Manzano Garcia

(Typed or printed name)

President/Director

(Title)

## DEBIT MEMORANDUM

000159

RECEIVED

FOR OFFICIAL USE

DATE

NUMBER

TO : DEPARTMENT OF STATE 3 AM 8:03

FINANCIAL MANAGEMENT

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE, FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	5,871.25	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	5,871.25	OTHER	4

## CROSS DISTRIBUTION

REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	70.00
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
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12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300000-00-000100-00	1	346.25
12	45-20-2-130001-45300000-00-000100-00	1	367.50
12	45-20-2-130001-45300000-00-000100-00	3	375.00
12	45-20-2-130001-45300000-00-000100-00	3	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	383.75
12	45-20-2-130001-45300000-00-000100-00	1	775.00
12	45-20-2-130001-45300000-00-000100-00	2	1,088.75

GRAND TOTAL:

\$ 5,871.25

RECEIVED



26/02/2010  
 XXXXXXXX E27-03 X03000047  
 0550001091  
 10003106: 01-11-97 1706  
 056800000005  
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 001 BARNETT JAX  
 082063000047K  
 00100909AX FL  
 01-09-97  
 000326222 01-17-97  
 000326222 01-17-97  
 000326222 01-17-97



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

February 5, 1997

South Florida Process Service, Inc.  
1717 N. Bayshore Dr.  
#2238  
Miami, FL 33132

**SUBJECT: SOUTH FLORIDA PROCESS SERVICE, INC.**  
Ref. Number: V48149

Debit Memo #: 72559-W

This is to inform you that your check #3116 dated January 3, 1997 in the amount of \$1088.75 and submitted for SOUTH FLORIDA PROCESS SERVICE, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$1143.19 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Melinda Lilliston  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 497A00006203



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 14, 1997

South Florida Process Service, Inc.  
1717 N. Bayshore Dr.  
#2238  
Miami, FL 33132

**SUBJECT: SOUTH FLORIDA PROCESS SERVICE, INC.**  
Ref. Number: V48149

Debit Memo #: 72559-W

Due to your failure to respond to our previous letter advising you of the returned check #3116, the Reinstatement for SOUTH FLORIDA PROCESS SERVICE, INC. has been cancelled and is considered not filed as of March 13, 1997.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 997A00013112



V53020

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 14, 1997

HEALING TOUCH HOME HEALTH, INC.  
7951 SW 40TH ST.  
SUITE 200  
MIAMI, FL 33155

SUBJECT: HEALING TOUCH HOME HEALTH, INC.  
Ref. Number: V53620

Debit Memo #: 71538-G

This is to inform you that check #? in the amount of \$225.00 submitted with the annual report for HEALING TOUCH HOME HEALTH, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$240.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after May 14, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 497A00013036