F0700005983

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	, , ,
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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JUN 10 2013 R. WHITE SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	Correct Ca	re - Integrated H	lealth, Inc.	
DOCUMENT NUMBI	F070000598	3		
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
	Jennifer M. Kahle	er		
-		Name of Contact Person	n	
(Correct Care - In	tegrated Health		
_		Firm/ Company		
	366 South Broad	way	_	
_		Address		
i	_exington, KY 46	0508		
_		City/ State and Zip Cod	e	
ikah	ler@correctcare.	.com		
3,		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Jennifer M. Ka	ahler	at (859	, 225-7999	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$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)	
<u>Maili</u>	ng Address	Street	Address	
	dment Section	Amendment Section		
	on of Corporations		on of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 13 JUN -4 PH 12: 03

(Name of Corneration as	d Health, Inc.	SEGRETARY OF STATE
(Ivalue of Cul por actual as	currently filed with the Florida Dept. of	SEGRETARY OF STATES State) IFAELAHASSEE FLORIDA
F07000005983		
(Documer	t Number of Corporation (if known)	,
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i> C	Corporation adopts the following amendment
. If amending name, enter the new na	me of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A profess	" or "incorporated" or the abbreviation sional corporation name must contain the
B. Enter new principal office address.		
Principal office address <u>MUST BE AS</u>	TREET ADDRESS)	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		
 If amending the registered agent an new registered agent and/or the new 	d/or registered office address in Florida. v registered office address:	enter the na me of the
	N/A	
Name of New Registered Agent		
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent New Registered Office Address:	(Florida street address)	, Florida
Manua of Man Dagistanad Assaut		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	CIO) 	Arthur Leroy Hall, III	956 Darda Court
X_{Add}				Lexington, KY 40515
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	•	-		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change (Be specific)	(s) here:		
N/A	()			
<u> </u>				
<u></u>				
				
				
F. If an amendment provides for an exch provisions for implementing the ame	<u>lange, reclassificat</u> Indment if not conf	tion, or cancellation tained in the amend	of issued shares. ment itself:	
(if not applicable, indicate N/A)				
N/A			· · · · · · · · · · · · · · · · · · ·	
				
		·-		
			_ 	<u>. </u>
		<u>-</u>		

The date of each amendment(s) adoption: 5/21/13
Effective date if applicable:	March 25, 2013
Enecuve date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) to sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
action was not required.	adopted by the incorporators without shareholder action and shareholder
n May	21, 2013
Signature	Mauler
	a director, president of other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	Jennifer M. Kahler
	(Typed or printed name of person signing)
	Secretary/Treasurer
	(Title of person signing)