N08000003082

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION:	itan Pharmacy	& Health Services, Inc.
DOCUMENT NUMBER: NO800003	082	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Kimberly Chmielewski		
	(Name of Contact Person	1)
Good Samaritan Pharma	acy & Health	n Services, Inc.
	(Firm/ Company)	
2502 N Tamiami Trail		
	(Address)	,
Nokomis, FL 34275		
	(City/ State and Zip Code	e)
kchmielewski@cp		—
E-mail address: (to be used	-	notification).
For further information concerning this matter, please	call:	
Kimberly Chmielewski	a _t (941	822-1490
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	ertment of State:
\$35 Filing Fee \$\Bigcup \\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation



	of Sounty Inc
Community Pharmacy of Sarasota C	County, Inc.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N08000003082	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
Good Samaritan Pharmacy & Health	Services, Inc.
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ttion" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	2502 N Tamiami Trail
(Principal office address MUST BE A STREET ADDRESS	Nokomis, FL 34275
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2502 N Tamiami Trail
(Muning numress <u>MAT BE A TOST OF TICE BOX</u>)	Nokomis, FL 34275
D. <u>If amending the registered agent and/or registered office and/or the new registered office and or the new registered of the new registered </u>	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	Jay Zrimec	1274 Harbor Towne Way
Add			Unit 106
X Remove			Venice, FL 34292
2) X Change	Р	George Forcier	3603 N Point Rd
Add			Unit 802
Remove			Osprey, FL 34229
3) X Change	S	Julie Wilkinson	2015 - 154th Street
Add			Bradenton, FL 34212
Remove			
4) Change	T	Katherine Tromp	348 165th Court
X Add			Bradenton, FL 34212
Remove			
5) X Change	<u>D</u>	Jordan Keen	4715 Winslow Beaconn
Add			Sarasota, FL 34235
Remove			
6) Change		-1	
Add			
Remove			

ARTICLES OF AMENDMENT TO

ARTICLES OF INCORPORATION OF

THE COMMUNITY PHARMACY OF SARASOTA COUNTY, INC.

The Article of Incorporation of The Community Pharmacy of Sarasota County, Inc. which were filed on March 28, 2008 (Document Number N08000003082), were amended by a unanimous vote of its directors as follows:

- A. By deleting Article I, Paragraph 1, in its entirety and by substituting in its place the following:
 - 1. The name of the Corporation is: GOOD SAMARITAN PHARMACY & HEALTH CARE SERVICES, INC.
- B. All other references within the Articles of Incorporation to The Community Pharmacy of Sarasota County, Inc. shall be replaced with GOOD SAMARITAN PHARMACY & HEALTH CARE SERVICES, INC.

Dated this 9th day of October, 2012

The Community Pharmacy of Sarasota County, Inc,

a Florida non-for-profit corporation

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTICLE II:
The principal office of this Corporation is: 2502 N Tamiami Trail, Nokomis, FL 34275.
The mailing address of this Corporation is: 2502 N Tamiami Trail, Nokomis, FL 34275.
ARTICLE V:
B. Without limiting the generality of the foregoing, to offer prescription assistance,
prescription advocacy services and health care services to needy residents in the community.
ARTICLE VII:
The powers of the Corporation shall be exercised, its properties controlled, and its affairs
conducted by a Board of Directors. The Board of Directors of the Corporation shall be five (5) persons,
but not less than three (3) persons, provided, however, that such number may be increased
by an amendment to the Bylaws for such purpose duly adopted by the Board of Directors.

The	date of each amendment(s) adoption: 10112012
Effe	ective date <u>if applicable</u> : 10/10/2012
	(no more than 90 days after amendment file date)
Ado	option of Amendment(s) (CHECK ONE)
=	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated October 11, 2012 Signature KMUG
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Kimberly Chmielewski
	(Typed or printed name of person signing)
	Chairman/Registered Agent

(Title of person signing)