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T. Smith JUN 29 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SENIOR HEALTH PLUS, INC

DOCUMENT NUMBER: P00000076986

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

Please return all correspondence concerning this matter to the following:

KEVIN M. REYNOLDS
(Name of Contact Person)

SENIOR HEALTH PLUS, INC
(Firm/ Company)

2320 NE 2ND ST. #2B
(Address)

OCALA, FL 34471
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

KEVIN M. REYNOLDS at (352) 804-2252
(Name of Contact Person) (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
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Certificate of Status
Certified Copy
(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

SENIOR HEALTH PLUS, INC

₹ 000 000 76986

(continued)

The date of each amendment(s) adoption: 6-1-05

Effective date if applicable: 6-1-05
(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 24 day of JUNE, 2005.

Signature Kevin M. Reynolds
(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)

KEVIN M. REYNOLDS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35