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Phone (727) 446-1200  
Fax (727) 446-2334

**Gregory D. Clark, P.A.**  
Attorney at Law  
*A chartered professional association*  
**COVER LETTER**

Email: gclark560@aol.com

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Medbridge Home Health, Inc.  
**DOCUMENT NUMBER:** P05000052397

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

Please return all correspondence concerning this matter to the following:

Gregory D. Clark, Esq.  
Name of Contact Person  
Gregory D. Clark, P.A.  
Firm/ Company  
1201 S. Highland Ave, Suite 9  
Address  
Clearwater, FL 33756  
City/ State and Zip Code  
gclark560@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris Osmon at ( 727 ) 446-1200  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

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|---|---|--|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
MEDBRIDGE HOME HEALTH, INC.**

To: Division of Corporations  
Amendment Section  
P.O. 6327  
Tallahassee, FL 32314

*EFFECTIVE:  
1-15-14*

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.1006 et seq. of the Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

1. The following amendments of the articles of incorporation were adopted by the director of the corporation on December 20, 2013, in the manner prescribed by the Florida General Corporation Act.

2. "Article I. Name" of the Articles of Incorporation is hereby amended in its entirety to now read as follows: The name of the corporation shall be **KEYSTONE HOME HEALTH, INC.** Said name change shall be effective on Jan 15, 2014.

3. The amendments were adopted by the shareholders and the number of votes cast for the amendment was sufficient for approval.

Dated Dec: 20, 2013.

Medbridge Home Health, Inc.

BY: Robert D. Sparks  
ROBERT D. SPARKS,  
President

**STATE OF FLORIDA  
COUNTY OF PINELLAS**

**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ROBERT D. SPARKS, President of MEDBRIDGE HOME HEALTH, INC., known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and is personally known to me or has produced a driver's license as identification.

**WITNESS** my hand and official seal in the County and State last aforesaid this 20th day of December, 2013.

Kristin K. Osmon  
Notary Public

My commission expires:

