Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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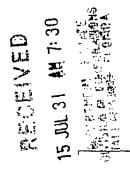
Account Name : ALLSTATE MEDICAL CONSULTING,

Account Number: I2C110000067 Phone : (786) 362-0124 Fax Number : (786)620~2583

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NEXTCARE, INC.



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Corporate Filing Menu

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7/30/2015

Articles of Amendment to Articles of Incorporation of

FILE	$Q_{\vec{k}}$
2015 JUL 31	PM 12: 07
5012 JOL 2.	. C CTATE

NEXT Care, INC.			
Name of Corporation as curren	ntly filed with the Florida Dept of State SEE, The		
08000053389	18 Cr.		
(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendme		
. If amending name, enter the new name of the corporation:			
	The new		
ame must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
Enter new principal office address, if applicable:	7490 SW 23 ST. SUITE 201		
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33155		
. Enter new mailing address, if applicable:	7490 SW 23 ST. SUITE 201		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	/490 5 W Z5 5 L SULLE Z01		
(Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MIAMI, FL 33155		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	MIAMI, FL 33155 dress in Florida, enter the name of the		
. If amending the registered agent and/or registered office add	MIAMI, FL 33155 dress in Florida, enter the name of the		
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	MIAMI, FL 33155 dress in Florida, enter the name of the		
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	MIAMI, FL 33155 dress in Florida, enter the name of the		
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	MIAMI, FL 33155 dress in Florida, enter the name of the ss:		

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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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued stuares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ling or adding additional Article dditional sheets, if necessary). ((Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:		
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: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:		
	ons for implementing the amendi	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
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The date of each amondment(s) adoption;	07/29	2015		if other than the
date this document was signed.				
Effective data if applicable:	(no more than 90	days after amendment fi	ile date)	
Note: If the date insorted in this block does document's effective date on the Department		ble statutory filing requ	irements, this date will not	be listed as the
Adoption of Amendment(s)	HECK ONE			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for the shareholders.		number of votes cast for	the amendment(s)	
The antendment(s) was/were approved by must be separately provided for each voti	the starsholders throu ing group entitled to ve	igh voting groups. The f our separately on the am	ollowing statement endment(s):	
"The number of votes cast for the arr	nondment(s) was/were	sufficient for approva)		
by				
6	notteld Runnth)			
The amendment(s) was/were adopted by the action was not required.	ne bourd of directors w	rithout shandholder action	n end shareholder	
The amendment(s) was/were adopted by the action was not required.	•		tsbloderude l	
Dated JULY	29/2015			
Signature	Sandle			
(By a director, pri		- if directors or officers		
appointed fiducia	ry by that fiduciary)	ands of a receiver, trust		
Roo	dolfo Aa	nabeth me of person signing)	.	
	(Typed or printed name	me of person signing)		···
_ //	resident			
	(Title of	person signing)		

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