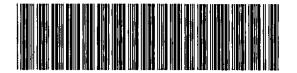
P94000039212

(Re	equestor's Name)	<u></u>
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section

Division of Corp	orations		9	
NAME OF CORPO	RATION: Mobile He	alth, P.A.		
	BER: P940000392			
The enclosed Articles	of Amendment and fee are su	omitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Dr. Howard Um	ansky		
		Name of Contact Person	1	
	Mobile Health, F			
	<u>.</u>	Firm/ Company		
	12180 28th Stre	et North		
Address				
	St. Petersburg,	FL. 33716		
		City/ State and Zip Code	e	
		•		
	E-mail address: (to be us	sed for future annual report	notification)	
		· · · · · · · · · · · · · · · · · · ·	,	
For further information concerning this matter, please call:				
5				
Dr. Howard			<u> 205-8724 </u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	■\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy	
		enclosed)	(Additional Copy	
		,	is enclosed)	
Ma	iling Address	Street	Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
1 ananaooo, 1 to 32317			Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Mobile Health, P.A.				
(Name of Corporation as currently filed with the	Florida Dept. of State)			
P94000039212				
(Document Number of Corporation	(if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation a	dopts the following	amendmen	t(s) to
A. If amending name, enter the new name of the corporation:				
Mobile Health, Inc.			The new	
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	orated" or the ab	breviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable:		543	41	,
(Mailing address MAY BE A POST OFFICE BOX)		- G	APR	n.
		i de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela c	- ×	= *
			22 [二
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		ne of the	÷:	フ
Name of New Registered Agent		-	52	
Trame of New Acquired Agent		=		,
(Florida	street address)	-		
New Registered Office Address:	, Florida			
(Ci	אין	(Zip Code)		
•				
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		s of the position.		
Signature of New Registered	d 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>y</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change			-	
Add				
Remove				
5) Change				
Add				
Remove				
6) L Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Please change company name from its current status shown on Sunbiz.org as
Mobile Health, P.A. to Mobile Health, Inc.
F. 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)

date this document was signed.	, if other than the
Effective date if applicable: April 10, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated_April 10, 2014	
Signature / / / /	
(By a director, president or other officer – if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	r court
appointed reductary by that reductary)	
Dr. Howard Umansky	
(Typed or printed name of person signing)	
Owner. Pres.	
(Title of person signing)	