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### **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: AMERICAN Physicians At Home Inc.  DOCUMENT NUMBER: P1200041820				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
(Imerican Physicians Of Home Inc				
3109 W. Hadardale Beach Blud +101				
Hallardale, H. 33009  City/ State and Zip Code				
E-mail addiess: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (786) 308-\$158  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				

TO: Amendment Section

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

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Articles	of	Incor	pora	tio

american Physic	ians at	Home I	nc.	_
(Name of Corporation as chrrentl	y filed with the Flor	rida Dept. of State)		
<u> </u>	11830			_
(Document Number	r of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Fl</i>	orida Profit Corporat	ion adopts the followi	ng amendment(s) t
A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the	word "companyion"	2 46 2 2 2 2 412		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co	". A professional co	proporation name must	appreviation the
B. Enter new principal office address, if applica	ıhle:		:	
(Principal office address MUST BE A STREET A			ŗ	
			<u> </u>	1 0 m
				S € D
C. Enter new mailing address, if applicable:			# <u>6</u>	
(Mailing address MAY BE A POST OFFICE A	BOX)			07
•		<del></del>		
		<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
D. If amending the registered agent and/or regis	stered office addres	s in Florida, enter th	e name of the	
new registered agent and/or the new register				
Name of New Registered Agent			· 	
			<del></del>	
<del></del>	(Florida street	address)	<del></del>	
New Registered Office Address:		ro i	:	
New Registered Office Address:	(City)	, ri	orida <u>(Zip Code)</u>	_
			d e	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		h and accept the oblig	rations of the position.	
Signature of	New Registered Age	ent, 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)

Remove

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:	, ana san	iy omun,	, Sr as an Aua.	
Example: X Change	<u>PT</u>	John D	<u>ooe</u>	
X Remove	<u>v</u>	Mike J	ones	,
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	MP	) 	Sheldon V. Ramkissor	1.3109 W. Hallandale Beh Blir
Add				suite 101
Remove				Hallandale, 77.33009
2) Change		_		<del></del>
Add ·				
Remove				<del></del>
3) Change		_		· · · · · · · · · · · · · · · · · · ·
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4) Change				
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5) Change	d e	•		u*
Add	<del></del>	-		
Remove				
6) Change				
Add				

(Attach aaaiiiona		(D )		
	l sheets, if necessary).	(Be specific)		
				<u></u>
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If an amendmen	nt provides for an exch	nange, reclassification,	or cancellation of issued sl	nares,
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The date of each amendment(s) adoption:
Effective date if applicable:
(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 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.
Dated_06/05/13
Signature
(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)
alain J. Hernandez
(Typed or printed name of person signing)
President.
(Title of person signing)