

01/11/2013

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LD9000069810

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PETER J. JAENSCH, P.A.
Account Number : 105065002440
Phone : (941) 366-9841
Fax Number : (941) 951-0677

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN 11 AM 8:02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GULF COAST HEALTH TRAVEL AND IMMUNIZATION, LLC**

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ARTICLES OF AMENDMENT 2013 JAN 11 AM 8:02
 TO
 ARTICLES OF ORGANIZATION SECRETARY OF STATE
TALLAHASSEE, FLORIDA
 OF

GULF COAST HEALTH TRAVEL AND IMMUNIZATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/21/2009 and assigned
 Florida document number L09000069810

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2198 Main Street

Enter Florida street address

Sarasota

City

Florida 34237

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

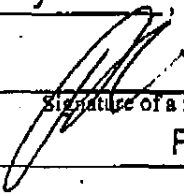
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	P. Christopher Jaensch	2195 Ringling Blvd.	<input type="checkbox"/> Add
		Sarasota, FL 34237	<input checked="" type="checkbox"/> Remove
P	P. Christopher Jaensch	2195 Ringling Blvd.	<input type="checkbox"/> Add
		Sarasota, FL 34237	<input checked="" type="checkbox"/> Remove
VP	Kamal Mekhael	12670 New Brittany Blvd. Suite 101	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
T	Kamal Mekhael	12670 New Brittany Blvd. Suite 101	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
MGR	PPH Global, LLC	2195 Ringling Blvd.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34237	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated January 11 2013



Signature of a member or authorized representative of a member
P. Christopher Jaensch

Typed or printed name of signee

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TALLAHASSEE, FLORIDA