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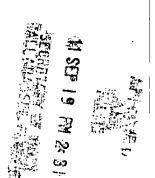
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Health	Information	Project, INC.				
DOCUMENT NUMBER: N0900002700						
The enclosed Articles of Amendment and fee are submitted	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to	the following:	•				
Risa (Name of Con	Berrin (act Person)					
Health J (Firm/Con	InFormation npany)	Project, INC.				
4601 Ponce de l'Addre	eon Blvd. S	Suite 300				
Coral Gables, FL 33146 (City/ State and Zip Code)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Valerie Berrin (Name of Contact Person)	at (<u>305</u>) <u>926-</u> (Area Code & Daytime	3 304_ Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
Certificate of Status (\$43.75 Filing Fee & ertified Copy Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
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 Ci	,				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Articles of incorpo	ration			ينور يامرون
of			No.	المحالية الأمر أنها أنها إلى
Health Informa	tion	Projec	TIME.	
(Name of Corporation as currently filed with	the Flori	da Dept. of Sta	te)	<u>.</u>
No good of	200			<i>"</i>
NO 90000 27 (Document Number of Corporat				`` <i>©</i>
(Document Number of Corporat	ion (ii kii	owii)	N. S.	2.3
Pursuant to the provisions of section 617.1006, Florida Statutes he following amendment(s) to its Articles of Incorporation:	, this <i>Flo</i>	rida Not For Pi	rofit Corporation	adopts
A. If amending name, enter the new name of the corporatio	<u>n:</u>			
N/A				
he new name must be distinguishable and contain the word bbreviation "Corp." or "Inc." <mark>"Company" or "Co." may not</mark>			orporated" or the	- ?
3. Enter new principal office address, if applicable:		NIA		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		•		-
				
				•
C. Enter new mailing address, if applicable:		01/0		
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
				•
		-		-
. If amending the registered agent and/or registered office	address	in Florida, ente	er the name of th	<u>1e</u>
new registered agent and/or the new registered office ade	dress:			
N CN D turned A	N	14		
Name of New Registered Agent:	/		_	
	N	/A		
New Registered Office Address: (Flori	ida street	address)	_	
			_, Florida (Zip Code)	•
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing Registered A	cont.			
hereby accept the appointment as registered agent. I am osition.		with and accep	t the obligations	of the
	, 1	10		
		111		
Signature of New	Registere	ed Agent, if char	nging	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
President	Risa Berrin -already a director needs to also be added as presid	4601 Ponce de Suite 300 leut (oral Gables, FL	Add Remove
			Add Remove
 			
(attach ada	ng or adding additional Articles, enter litional sheets, if necessary). (Be spec	ific)	· · · · achad ·
- (PIE	ase see amendment	to articles o	(Harred)
		10 May 10 May 11	
			
	·		
			

E. Amendment to Articles of Incorporation

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section $501 \odot (3)$ of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) ac	doption: 9/15/11
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were is.
Dated9 /	16/11
Signature	RIFARBENIN
have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Risa Berrin
_	(Typed or printed name of person signing)
	Divector
	(Title of person signing)