N1000004790

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The House Port	table Medical Care, Inc.
DOCUMENT NUMBER: N11000004790	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Maribel Aviles	
	(Name of Contact Person)
The House Portable Medical Care, Inc.	
	(Firm/ Company)
13650 Crystal River Drive	
	(Address)
Orlando, FL 32828	
	(City/ State and Zip Code)
mavilesmd@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Maribel Aviles	_{at (} 321 ₎ 438-2572
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & I Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 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 Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2012 APR 30 PM 1:21 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The House Portable Medical Care, Inc.		Mary 1933	
(Name of Corporation as currently filed with the Fl	orida Dept, of State)		
N11000004790			
(Document Number of Corpo	ration (if known)		
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For I</i>	Profit Corporation ado	ots the followi
A. If amending name, enter the new name of the corpora	tion:		
N/A			The ne
name must be distinguishable and contain the word "corpore" (Company" or "Co." may not be used in the name.	ation" or "incorporated"	or the abbreviation "C	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	(1)		
		•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		· · · · · · ·
	-		
D. If amending the registered agent and/or registered off	ing address in Flavida as	stor the name of the	
new registered agent and/or the new registered office		ner the name of the	
Name of New Registered Agent: N/A			
New Registered Office Address:	(Florida street address)		
		. Florida	
(City)	, Florida (Zip Code)	
Non-Barbar and Assessed Clause and College	. A A .	•	
New Registered Agent's Signature, if changing Registered for the appointment as registered agent. I am for		e obligations of the vos	ition.
,		3 , _F	
Signature of New Regi	stered 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.

Example: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) X Change Add Remove	<u>C</u>	Maribel Aviles, MD	13650 Crystal River Drive Orlando, FL 32828			
2) Change Add Remove	TR	Ana I Aviles	13650 Crystal River Drive Orlando, FL 32828			
Change X Add Remove	TR	Marie Casado	1150 Chambord Court Orlando, FL 32825			
4) Change Add Remove	TR	Brenda Velez	14214 Paradise Tree Drive Orlando, FL 32828			
5) Change Add Remove	TR	Karina Urquhart	30725 PGA Drive Sorrento, FL 32776			
6) Change Add Remove	TR	Isidro A. Lopez, MD	18396 SW 158th Street Miami, FL 33187			

e attached					
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THE HOUSE PORTABLE MEDICAL CARE, INC.

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

FLORIDA DOCUMENT # N11000004790

Article III - replace with the following:

The specific purpose for which this Corporation is organized is:

The Corporation shall be organized as a not-for-profit Corporation under Chapter 617, Florida Statutes, incorporated on a non-stock basis. The purposes for which the Corporation are to be formed are exclusively for charitable and educational purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue law. In furtherance of these purposes, the Corporation shall provide portable integrated medical services to Central Florida's underserved and uninsured population.

Article VIII - replace with the following:

- No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its Trustees, officers, or other persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
- 2. No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation; and the Corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.
- 3. Notwithstanding any other provisions of these Articles, the Corporation shall not carry on any activities not permitted by an organization exempt under Section 501(c)(3) of the Internal Revenue Code, as amended, or the corresponding provision of any future U.S. Internal Revenue law.

Add Article IX and insert the following:

In the event of the dissolution of the Corporation, the Board of Trustees, after paying or making provisions for the payment of all of the liabilities of

the Corporation, shall distribute, in any proportions considered prudent, all of the assets of the Corporation to The House Portable Medical Care, Inc., or in the event it is not in existence, to such organizations organized and operated exclusively for charitable and educational purposes as shall at the time qualify as an exempt organization or organizations under Sections 501(c)(3) of the Internal Revenue Code, as amended, (or the corresponding provision of any future U.S. Internal Revenue law), as the Board of Trustees shall determine.

Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, which shall at the time qualify as an exempt organization or organizations under Sections 501(c)(3) of the Internal Revenue Code of 1986, as amended, (or the corresponding provision of any future U.S. Internal Revenue law) as said court shall determine, which are organized and operated exclusively for such purposes.

Articles of Amendment approved by Board of Trustees by unanimous consent on April 23, 2012.

The date of each amendment(s) adoption: April 23, 2012				
Effective date if ap	plicable:			
		(no more than 90 days after amendment file date)		
Adoption of Amen	dment(s)	(CHECK ONE)		
	nt(s) was/were ado	pted by the members and the number of votes cast for the amendment(s)		
	April 23, 2	auth Could		
·	have-not-been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)		
<u> </u>	Maribel Aviles			
_	(7	Typed or printed name of person signing)		
C	Chair			
		(Title of person signing)		