N12000000 734

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Nan	ne)
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SECRETARY OF STATE

FEB 1.7.1012 T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: ACTRX FO	oundation,	Inc.
DOCUMENT NUMBER: N1200000	0734	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Robert H Barron		•
	(Name of Contact Persor	1)
ActRx Foundation, Inc.	•	
	(Firm/ Company)	
4094 State Road 7, Su	ite L-173	
	(Address)	
Lake Worth, FL 33449		
	(City/ State and Zip Code	*)
robbarron73@gi	mail.com	
E-mail address: (to be used		notification)
For further information concerning this matter, please of	call:	
Richard F. Belczynski	_{at (} 347	757-0720 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \tex	□\$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		Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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SECRETAR	AH 8: 53
HLLAHASSE	10 8:53 10 5 5 7 ATE

ActRx Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000000734

(Document Number of Corporation (if known)

	w name of the corpor	ration:	
N/A			The ne
name must be distinguishable and co "Company" or "Co." may not be us		oration" or "incorporated" or the abbreviation "Corp	." or "Inc.
B. Enter new principal office addr (Principal office address MUST BE		<u>N/A</u>	_
C. Enter new mailing address, if a (Mailing address MAY BE A PC		N/A	
new registered agent and/or th	e new registered office	ffice address in Florida, enter the name of the e address:	
Name of New Registered As	gent:		
		(Florida street address)	
New Registered Office Address:			
New Registered Office Address:	N/A	, Florida	

Page 1 of 4

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	PT	John Doe	
	_	•	
X Remove	<u>v</u>	Mike Jones	•
X Add	<u>sv</u> .	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Ð	James Spencer	1241 Canyon Way Wellington, FL 33414
2) Change Add	<u>D</u>	Anthony Fedele Musso	931 Village Blvd Sulte 905-166
X Remove 3) Change Add Remove	D	Robert L. Steele	West Palm Beach, FL 33409 5 Rabbits Run Palm Beach Gardens, FL 33418
4) Change	D	Carlos Labarerre, M.D.	14737 Macduff Drive Noblesville, IN 46062
5) Change Add Remove	D	Patrick DiSalvo	1760 N. Jog Road Suite 150 West Palm Beach, FL 33411
6) Change Add Remove	D	Richard F. Belczynski	141-30 Pershing Crescent Suite BA Briarwood, NY 11435

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
N/A		
		-
		 ,

The	date of each amendment(s) adoption: UZ/UO/ZU 1Z	
Effe	ective date if applicable: 02 /13/12_	
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 02/13/2012	
	Signature The	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Robert H Barron	
	(Typed or printed name of person signing)	
	Chairman / Director	
	(Title of person signing)	