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COVER LETTER

TO: Amendment Section . Division of Corporations

Einstein Medical Inst	itute Corp USA			見
N1400000943 DOCUMENT NUMBER:				22 P
The enclosed Articles of Amendment and fee are subm	itted for filing.			2 % O.
Please return all correspondence concerning this matter	to the following:			
Dr. George P. Einstein				•
(Name of Contact Pers	son)	·	
Einstein Medical Institute Corp USA				
	(Firm/Company)	· · · · · ·		
512 N. Palmway				
	(Address)			
Lake Worth, FL 33460				
	City/ State and Zip Co	ode)		
george.einstein@gmail.com				
E-mail address: (to be used	for future annual repo	rt notification	1)	
For further information concerning this matter, please of	eall:			
George P. Einstein PhD ScD	at	(561)	762 - 1131	
(Name of Contact Person)	(Area Code)	(Daytime Teleph	one Number)
Enclosed is a check for the following amount made pay	able to the Florida De	partment of	State:	
\$35 Filing Fee \$\sum \text{\$\$\$\$\$ Certificate of Status}\$	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is esed)	
Mailing Address Amendment Section	Ame	et Address indment Secti		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Einstein Medical Institute Corp USA		Z		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	3 8		
N14000000943		2		
(Document Number	er of Corporation (if known)	The o		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation a	@ *		
A. If amending name, enter the new name of the corporati	on:	•		
N/A		The new		
name must be distinguishable and contain the word "corporat	ion" or "incorporated" or the abbreviation	"Corp." or "Inc."		
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	8840 U S Highway 1			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Unit 110 A			
	North Palm Beach, FL 33408			
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 office new registered agent and/or the new registered office a		<u>e</u>		
Name of New Registered Agent: N/A				
New Registered Office Address:	(Florida street address)			
	, Florida	a		
	(City) (Zip	Code)		
New Registered Agent's Signature, if changing Registered	Agent:			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		position.		

Signature of New Registered 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 X Remove X Add	PT John D V Mike Jo SY Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change A Add Remove	<u> </u>	Dr. Anita L. Gee	Dr. Anita L Gee 611 N. O Street Lake worth 33460
2) Change Add		Pr. Felicia Izunde	Miami Gordens
Remove 3) Change Add		Dr. Nick Kealuha	333 41 St. MIAMI Beal
Add			FL33410
Remove 5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if nec	essary). (Be sp	recific)				
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The date of each a	mendment(s) adoption:	, if other than the
Effective date if a	. 06/17/2015	
	(no more than 90 days after amendment file dat	te)
	eserted in this block does not meet the applicable statutory filing require the date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amer	adment(s) (CHECK ONE)	
	nt(s) was/were adopted by the members and the number of votes cast fo icient for approval.	or the amendment(s)
	nembers or members entitled to vote on the amendment(s). The amendate board of directors.	ment(s) was/were
Dated	06/17/2015 d	
Signa		
	(By the chairman or vice chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a re other court appointed fiduciary by that fiduciary)	
	George P. Einstein, PhD, ScD	
	(Typed or printed name of person signi	ing)
	CEO & President	
	(Title of person signing)	

Proposal

Submitted By:

George P. Einstein, PhD, D.Sc. hon.

Einstein Medical Institute Corp. USA

Title:

Einstein Integrated Σ Quantum Bio-Energy Therapy:

Stimulation of the Immune System for Prevention, Treatment, and Control of Infectious Diseases and Cancer

Date Submitted:

Period of Performance:

Principal Investigator: George P. Einstein, PhD, ScD,

Distinguished Professor of Biophysics and Medicine

Funds Requested: \$2,154,600

Signatures:

Principal Investigator

Authorizing Official

Anita L. Gee - PhD, MPH

CFO, Vice-President of Operations

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(561) 425 - 5844

anitageelcd@yahoo.com

George P. Einstein - PhD, ScD hon. CEO, President (561) 762 - 1131 george.einstein@gmail.com