## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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R, WHITE

From:

Account Name : JOHN M WICKER PA

Account Number : I20070000104

Phone

: (239)939-2222

Fax Number

: (239)939-2280

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MWICKER@CAWCRW.COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PATIENT BEST, INC.

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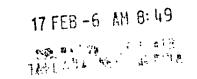
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H 17 000 034242 3 Articles of Amendment

to Articles of Incorporation

of



PATIENT BEST, INC.		
(Name of Corporation	as currently filed with the Flor	ids Dept. of State)
N16000001884		
(Docum	ment Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Plo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
PATIENT BEST II, INC.	·	The new
name must be distinguishable and contain the word "Commany" or "Co." may not be used in the nam		l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A		<u> </u>
C. Enter now mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
•	- · · · · · · · · · · · · · · · · · · ·	
<ul> <li>If amending the registered agent and/or registered agent and/or the new register</li> </ul>		enter the name of the
Name of New Registered Agent:	JOHN M. WICKER	
	12670 NEW BRITTANY BLVI	O, SUITE 101
(Florida street address)		
New Registered Office Address:	FORT MYERS	33907
	(Clry)	, Florida
		(sup Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		the obligations of the position.
	Signature of New Regist	ered Agent, if changing
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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:

239-939-2280

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 V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
I) Change				
Add				
Remove				
2) Change				
Add				
Remove				<del></del>
3 ) Change			···	
Add				·
Remove				
4) Change				
Add				
Remove				
5) Change				·
Add				
Remove			·	
Δ Chamina				
6) Change				
			•	
Remove		_	<u>.</u>	

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E. If amending or adding additional Articles, enter change(s) here:

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(attach additional sheets, if necessary), (Be specific)	
NOT APPLICABLE	
	_
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	_
	_
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment flie date)	·,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK QNE)	
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 emitted to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated	
"Signoure Suzaal Fin alla	<u></u>
(By the 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)	
SUZANNE FISCELLA	,
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	