P00000097892

(Red	questor's Name)						
(Add	dress)						
· (Add	dress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bus	siness Entity Nam	e)					
· (Doc	cument Number)						
Certified Copies	Certificates	of Status					
Special Instructions to Filing Officer:							
,							

Office Use Only



600137838366

11/13/08--01025--008 **52.50

OO NOV 13 AH 8: 59
SECRETARY OF STATE



NOV 182008

EXAMINER



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607, 1006, Florida Statutes. This is a basic amendment form and may not

- A corporation can amend or add as many articles as necessary in one amendment
- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infingement that may result
- If amending the registered agent, the new agent must sign accepting the appointment and state that be she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) trust be amended or added if not combined in the articles of incorporation.

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later

Certified Copy (optional)

Certificate of Status (optional)

\$35.00 (Includes a letter of acknowledgment)

\$1.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or

Mailing Address
Amendment Section

Tallahussee, FL 32314 Division of Corporations
P.O. Box 6327

Siret Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

fallahassee, FL 32301

For further information you may call the Amendment Section at (850) 245-6050

P.O. Box 6327 Division of Corporations Mailing Address

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Faliahassee, FL 32301

Amendment Section

Amendment Section

فتررر

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CAREMED HEALTH CORPORATION

DOCUMENT NUMBER: P000000097892

The enclosed Articles of Amendment and foe are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSCOE D. HEIM (Name of Contact Person)

CAREMED HEALTH CORP., dbg BROOKS PHARMACY (Firm/ Company)

3480 MORNING LAKE DRIVE #202 (Address)

BONITA SPRINGS, FL 34134 (City/ State and Zip Code)

For further information concerning this matter, please call:

ROSCOE D. HEIM

(Name of Contact Person)

239) 949-9036 (Ares Code & Daytime Telephone Number)

335 Filing Fee Enclosed is a check for the following amount made payable to the Florida Department of State:

Certificate of Status

(Additional copy is enclosed)

Certified Copy

2 \$52.50 Filing For

Certificate of Status
Certificate Copy
(Additional Copy)
is enclosed)

A Copy

I amending the Officers and/or Directors, enter the title and mans of each officer/director being themenod and title, mane, and address of each Officer and/or Director being address.

Attented additional chairs of accounts

Page 1 of 3	New Resistered Asten's Signature, if charging assession of am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the opposition. Signature of New Registered Agent. If charging Signature of New Registered Agent. If charging	New Registered Office Address: SAMBE (City) Torida (City) Torida (City)	D. If emending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent SAME ROSCOED, HEIM Name of New Registered Agent SAME ROSCOED SAME ROSCOED ROSCOE	C. Eaket new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	B. Enter new principal office address if applicables (Principal office address MUST BE A STREET ADDRESS) B. Finter new principal office address MUST BE A STREET ADDRESS) BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134	or Co.	PODDONINAL CONFORMING (If known) (Document Number of Corporation	CAREMED HEALTH CORPORATION CAREMED HEALTH CORPORATION (Name of Corporation as contractly fleel with the Foodda Dept. of State) (Name of Corporation as contractly fleel with the Foodda Dept. of State)	Articles of Amendment OB NOV 13 A
	Page 2 of 3		Levisions for pupiementus inc surveys (if not applicable, indicate NA)	The amendment provides for an exchange, reclassification, or cancellation of issued shared		E. 11 amending of sidding additional Articles, color changes) here: (allock additional sheets) frecessory). (Be specific) (REMOVE JOHN C. WARD, 22791 SNAPTAIL CT, ESTERO, FL, 33628 AS TREASURER	ניסא	JOHN C WARD ESTERO, EL 33828 2480 MOBNING LAKE DRIVE 2480 MOBNING LAKE DRIVE 2480 MOBNING LAKE DRIVE 2480 MOBNING LAKE DRIVE	addinord streets. If necessary) Name

Effective dark if supplicable: 11/8/2008

Effective dark if supplicable: 11/8/2008

Adaption of Amendment(s)

Adaption of Amendment(s)

On more than 90 days after amendment file date:

D' the standment(s) was were adopted by the shareholders. The number of votes cast for the supproval.

The amendment(s) was were approved by the shareholders. The number of votes cast for the supproval.

The number of votes cast for the superioral strateholders through voting groups. The following strongs: the following strongs: the superioral by on the amendment(s) was were sufficient for approval.

The superioral supplied by the board of directors without shareholder action and shareholder action was not required.

The superioral supplied by the incorporator without shareholder action and shareholder action was not required.

(By a director, president or other officer—if directors or officers have not been approved by an ecorporator—if in the bands of a receiver, treater, or other counterprised by the directors or officers have not been approved fiducions by the fiducions of officers have not been approved fiducions of person signing.)

PRESIDENT AND SCRETARY

(Title of person signing)

Page 3 of 3

CENTRAL STATES