

PO2007110998

Apr. 23. 2010 01:11AM

No. 002 P. 1 Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H1000095057 3))



H10000950573ABC.

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : GERALD WEINBERG, P.C.
Account Number : I2003000043
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
HEALTHCARE QUALITY SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

*Amend
Name chg
10/4/2010*

Apr. 26. 2010 11:12AM

----- PAGE 1/001 No. 1602rvp. 2



April 26, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HEALTHCARE QUALITY SOLUTIONS, INC.
405 N. REO STREET
SUITE 100
TAMPA, FL 33609

SUBJECT: HEALTHCARE QUALITY SOLUTIONS, INC.
REF: P02000110998

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please verify that the officer listed is the correct officer to be deleted from our records. Our records reflect MICHAEL, G. LEVINE/VPT.

Please CORRECT the signing officer to reflect our records as well. We show STAN VASHOVSKY as President/Director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H10000095057
Letter Number: 310A00010194

RECEIVED
2010 APR 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Apr. 23. 2010 3:34PM



April 23, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HEALTHCARE QUALITY SOLUTIONS, INC.
405 N. RHO STREET
SUITE 100
TAMPA, FL 33609

SUBJECT: HEALTHCARE QUALITY SOLUTIONS, INC.
REF: P02000110998

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H10000095057
Letter Number: 610A00010135

(T) Apr. 26. 2010 11:12AM

No. 1602 P. 3

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 APR 26 PM 12:37

Articles of Amendment
to
Articles of Incorporation
of

Healthcare Quality Solutions, Inc.

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

P02000110998

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Fred Old Tampa, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

42 West 39th Street

6th Floor

New York, NY 10018

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

42 West 39th Street

6th Floor

New York, NY 10018

D. If amending 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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(H00000950573)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>YPT</u>	<u>Michael Levine</u>	<u>42 West 38th Street</u> <u>6th Floor</u> <u>New York, NY 10018</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

(H100000950 573)

4/22/10

The date of each amendment(s) adoption: _____
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated April 22, 2010

Signature _____
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Stan Vashovsky

(Typed or printed name of person signing)

President

(Title of person signing)

(H10 0000950573)