P05000011927

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Cinergy Health, Inc. DOCUMENT NUMBER: P05000011927 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Dimlich (Name of Contact Person) Cinergy Health, Inc. (Firm/ Company) 19495 Biscayne Blvd., Suite 604 (Address) Aventura, FL 33180 (City/ State and Zip Code) For further information concerning this matter, please call: 305 792-9996 x105 David Dimlich (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Cinergy Hea	(Name of corporation as currently filed with the Florida Dept. of State) 000011927 (Document number of corporation (if known)
Onlorgy Troc	(Name of corporation as currently filed with the Florida Dept. of State)
	3
P050	3000011927 3
	(Document number of corporation (if known)
	isions of section 607.1006, Florida Statutes, this Florida Profit Corporation amendment(s) to its Articles of Incorporation:
NEW CORPORAT	FE NAME (if changing):
	"corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") tion must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	**DOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) s) being amended, added or deleted: (BE SPECIFIC)
	ARTICLE I
	CORPORATE NAME AND PURPOSE
The name of thi	s Corporation shall be Cinergy Health, Inc. The purpose for
which the Corpo	ration is organized is to operate as a Medical Discount Plan
and engage in	any and all lawful business.
	}
	(Attach additional pages if necessary)
If an amendment pro	vides for exchange, reclassification, or cancellation of issued shares, provisions
	amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	-
	<u> </u>
	(continued)

The date of each amendment(s) adoption: January 11, 2006
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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)
David Dimlich
(Typed or printed name of person signing)
Chief Compliance Officer
(Title of person signing)

FILING FEE: \$35