P05000022012

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		MANAGEMENT INC
DOCUMENT NUMBER: P0500002201	2	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following: .	
JULIETTE ANAIS	STAMAYO	
	Name of Contact Person	
SUNSHINE MED	ICAL CARE GR	OUP INC
	Firm/ Company	
3990 WEST FLA	GLER STREET	# 406
	Address	
MIAMI, FLORIDA	33134	
	City/ State and Zip Code	
SUNSHINEMEDICA	L@HOTMAIL.C	MC MC
	sed for future annual report	
For further information concerning this matter, please	se call:	•
JULIETTE ANAIS TAMAYO	_{at (} 786	286-1066
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SUNSHINE MEDICAL AND PAIN MANAGEMENT INC

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

nt(s) to

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	The ne
its Articles of Incorporation:	The ne
A. If amending name, enter the new name of the corporation:	
SUNSHINE MEDICAL CARE GROUP INC	"," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "corporation," "company "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profeword "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
 	
Throw now mailing address if anniinable.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
· .	
	·
 If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address: 	, enter the name of the
Name of New Registered Agent JULIETTE ANAIS TAMA	YO
3990 WEST FLAGLER	ST # 406
(Florida street address)	
New Registered Office Address: MIAMI	, Florida 33134
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept	t the obligations of the position.
Signature of New Registered Agent, if chang	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	LEONARDO F MARQUE	3990 W FLAGLER ST
Add			SUITE 406
Remove			MIAMI, FLORIDA 33134
2) Change	PDS	JULIETTE ANAIS TAMAY	O 399WEST FLAGLER ST
Add		,	SUITE 406
Remove			MIAMI, FLORIDA 33134
3) Change			
Add			
Remove			
4) Change			
Add			· -
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	·
•	
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The data of a share decade		, if other than th
The date of each amendment(s) adoption date this document was signed.	otion:	, ii other man m
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	ŧ
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated MARCH 1	10 2014	
Signature	?	
(By a dire selected.	ector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
	ULIETTE ANAIS TAMAYO	
<u>-</u>	(Typed or printed name of person signing)	
F	PRESIDENT	
_	(Title of person signing)	