P05000050866

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COVER LETTER

TO: Amendment Section

Division of Corporations HEALTH CARE OF SOUTH FLORIDA CORP. P05000050866 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DLEG LUSHER

Name of Contact Person HEALTH CARE OF SOUTH FLORIDA
Firm/Company 3909 NE 163 STREET SUITE 303
Address NORTH MIAMI BEach, FL 33160

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OLEG LUSHER at (305) 871-3601

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy ' Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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

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Articles of Am to Articles of Inco of		12 AUG 51.73.1 TALLAH	, e
HEALTH CARE OF South 1 (Name of Corporation as currently filed with the Flor P05000050866	rida Dept. of State)	-9 AH 5:	FLQV.
(Document Number of Corporation (if) Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	,	he following amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation n		ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3909 NE 163 SUTTE 303		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAM		1 - F 32100
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Cleb Colored	ISHER T. SUITE 303 et address)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent. Signature of New Registered Agent:	Ish	e position.	

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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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			* (400)		
an amendme	n <u>t provides for an ex</u>	change, reclassif	ication or cane	ellation of issue	d charec
<u>provisions for</u>	implementing the an	<u>nendment if not c</u>	contained in the	amendment its	self:
(if not app	licable, indicate N/A)				
					
			· · ·		· - · · ·
		4			
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	~/·	A			
	ν/;	A			

The date of each amendmen	1(s) adoption: August 6, 2012 August 6, 2012
Effective date if applicable:	AUGUST 6, 2012
Enterive date in applicable.	(no more than 90 days after amendment file date)
	•
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	August 6,2012
Signature _	August 6,2012
(I se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)