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Gregory D. Clark, P.A.

Email: gclark560@aol.com

Fax (727),446-2334

Attorney at Law

A chartered professional association

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION DOCUMENT NUMBER:			alth, Inc.	
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Gregory D. Clark, Esq.				
	egory D. Cla	Name of Contact Per	son	
1201 S. Highland Ave, Suite 9				
Clearwater, FL 33756				
City/ State and Zip Code gclark560@aol.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Kris Osmon		at (727	446-1200	
Name of Cor	ntact 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 & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Division of P.O. Box	ent Section of Corporations	Ame Divi Clif	eet Address endment Section dision of Corporations ton Building 1 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF MEDBRIDGE HOME HEALTH, INC.

To: Division of Corporations Amendment Section P.O. 6327

Pursuant to the provisions of Section 607.1006 et seq. of the Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

- 1. The following amendments of the articles of incorporation were adopted by the director of the corporation on December _20_, 2013, in the manner prescribed by the Florida General Corporation Act.
- 3. The amendments were adopted by the shareholders and the number of votes cast for the amendment was sufficient for approval.

Dated Dec: 20 , 2013.

Medbridge Home Health, Inc.

ROBERT D. SPARKS,

President

STATE OF FLORIDA COUNTY OF PINELLAS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ROBERT D. SPARKS, President of MEDBRIDGE HOME HEALTH, INC., known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and is personally known to me or has produced a driver's license as identification.

WITNESS my hand and official seal in the County and State last aforesaid this

Ooth day of <u>December</u>, 2013.

Notary Public

My commission expires:

