P05000077744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ✓ Certificates of Status _____

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FILED
2010 JAN 20 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend & N/C

TB JAN 22 2010

SANVITA
MEDICAL PRODUCTS DIVISION

4800 140th Avenue N., Suite 100A Clearwater, FL 33762 · 1-800-681-7571

January 19, 2010

Sent Via FedEx Tracking # 7983 1420 7698

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Incorporation

To Whom It May Concern:

Please find enclosed the Articles of Amendment to Articles of Incorporation for Sanvita, Inc., document #P05000077744, along with the requisite fee of $43.75. We are requesting to change the name to MedSolutions Care, Inc. We are also requesting to receive a certified copy of the Articles of Amendment and have included the requisite fee and an additional copy of the form.

Please do not hesitate to contact me at 727.507.2224 with any questions you may have.

Sincerely,

Pamela Brannen

Pamela Brannen
Licensing Specialist

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sanvita, Inc.

DOCUMENT NUMBER: P05000077744

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven King
Name of Contact Person

CCS Medical
Firm/ Company

14255 49th Street North, Suite 301
Address

Clearwater, Florida 33762
City/ State and Zip Code

ccsmed.licensing@ccsmed.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven King at (727) 507-2754
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 & 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
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 JAN 20 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P05000077744
(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:

MedSolutions Care, 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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 17742
Clearwater, FL 33762

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: N/A

New Registered Office Address: N/A
(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

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)

Title	Name	Address	Type of Action
VP	Michael Geldart	14255 49th St. N., Ste. 301 Clearwater, FL 33762	☐ Add ☑ Remove
AS	T. Cole Peterson	14255 49th St. N., Ste. 301 Clearwater, FL 33762	☐ Add ☑ Remove
			☐ Add ☐ Remove

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

N/A

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)

N/A

The date of each amendment(s) adoption: November 8, 2009
(date of adoption is required)

Effective date if applicable: November 8, 2009
(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 11/9/10

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)

Stephen Saft
(Typed or printed name of person signing)

CFO, Secretary/Treasurer, Director
(Title of person signing)