## P06000030721

(Re	equestor's Name)	····
(Ac	ldress)	
(Ac	ldress)	· · ·
(Ci	ty/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bı	isiness Entity Name	<b>)</b>
(Do	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: SANUS HEAL	TH SYSTEM INTERNATION	AL, INC.
	-	
DOCUMENT NUMBER: P06000030721		·
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
GODWIN W. ESHESIMUA	=	
(Name of	Contact Person)	
	•	
FLEX MED-CARE CORPORA	ATION	
(Firm)	Company)	
	•	
1395 BRICKELL AVE, SUITE 6	30	
(A	ddress)	
MIAMI FLORIDA 33131	· 	
(City/ State	and Zip Code)	<del> </del>
For further information concerning this matter, pl	ease call:	
2 /1	<del>-</del>	
GODWIN W. ESHESIMUA	at ( 305 ) 371-5185	EXT 17
(Name of Contact Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:	<del>-</del>	
□\$35 Filing Fee    ✓ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	•
Amendment Section	Amendment Section	
Division of Corporations	vision of Corporations Division of Corporations	

Clifton Building

2661 Executive Center Circle

<sup>-</sup> Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

of
SANUS HEALTH SYSTEM INTERNATIONAL, INC.
(Name of corporation as currently filed with the Florida Dept. of State)
SANUS HEALTH SYSTEM INTERNATIONAL, INC.  (Name of corporation as currently filed with the Florida Dept. of State)  P06000030721  (Document number of corporation (if known)  Pursuant to the provisions of section 607, 1006, Florida Statutes, this Florida Profit Corporation
P06000030721
(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:
NEW CORPORATE NAME (if changing):
FLEX MED-CARE GROUP HOLDING, INC.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Article V11, Delete Alfred Damus as director
·····································
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(Attach additional pages if necessary)
TC
If an amendment provides for 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)
NA

(continued)

The date of each amendment(s) adoption: MARCH 14TH 2006
Effective date if applicable: MARCH 14TH 2006
(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)
GODWIN .W. ESHESIMUA
(Typed or printed name of person signing)
DIRECTOR, PRESIDENT & C.E.O.
(Title of person signing)

FILING FEE: \$35