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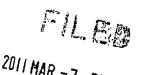
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TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	Patris of St Augustine, I	nc
DOCUMENT NU	MBER:	P06000081584	
The enclosed Artic	eles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Rhonda James	
	N	lame of Contact Person	
	University of Si	t Augustine for Health Sciences	
		Firm/ Company	
		1 University Blvd	
		Address	
	St. A	Augustine, FL 32086	
•	C	ity/ State and Zip Code	
	rjjan E-mail address: (to be use	nes@usa.edu d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
F	Rhonda James	at (904) 826-	0084, 284
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	c for the following amount m	nade payable to the Florida Depart	ment 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 Ac Amendmen Division of P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	CULL MAR - 7 -
Patris of St Augustine, Inc	STEET -7 PM 4: 19
(Name of Corporation as currently filed with the Florida Dept. of Staff	PLLAR MAY CHIME
Patris of St Augustine, Inc (Name of Corporation as currently filed with the Florida Dept. of State P06000081584	MASSEE, FLORIDA
(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Commendment(s)</i> to its Articles of Incorporation:	corporation adopts the following
A If any and in a many and an the many name of the company tion.	

ne word "corporation," "comp designation "Corp," "Inc," or " essional association," or the abb	Co". A professional corporati
<u> </u>	
gistered office address in Florice	la, enter the name of the
(Florida street address)	
(Florida street address)	, Florida (Zip Code)
	designation "Corp," "Inc," or "essional association," or the abb cable:

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VT</u>	Rhonda James	1 University Blvd St. Augustine, FL 32086	☑ Add ☐ Remove
(attach d	additional sheets, if necessary). (Be sp	pecific)	
provis	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: February 23, 2011		
Effective date if applicable:	_ \ (date of adoption is required)		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
	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 ed 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/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_Feb	ruary 23, 2011		
Signature	Allais		
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	Stanley V Paris, PhD PT		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		