80000

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone	#)				
P WAIT	MAIL				
(Business Entity Nam	e)				
(Document Number)					
Certificates	of Status				
Special Instructions to Filing Officer:					
	Certificates				

Office Use Only



700256881137

02/27/14--01017--005 **35.00

FEB 2 8 2014 T. CARTER

COVER LETTER

NAME OF CORPORATION: Medical Help Family Practice, Inc

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

Please return all correspondence concerning this matter to the following:

Jack Goloff D.D.
Medical Help Family Practice Inc
2151 E Commercial Blvd, Ste 204
Ft. Laudor Nalo FL 33308
City/ State and Zip Code
rose @ medicalhelofor pain, com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosemany Mase-Gold at 954 493-8880

Name of Conject 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

TO: Amendment Section

□\$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

Articles of Incorporation

of

Medical Help tamily Practice, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
Name of New Registered Agent Rosemary Chase - Goloff 2151 E Commercial Blvd, Ste 204
New Registered Office Address: Florida 33308 (City) (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)

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.

Example:	vo, and barry billing,	2, 43, 41, 11, 44,		
X Change	PT John D	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike J</u>	ones		
X Add	SV Sally S	<u>Smith</u>		
Type of Action (Check One) 1) Change Add Remove	V	Rosemary Cha Gold	Address Se- 2151E.C FF Lander	Commercial BW He 204 Cale FL
2) Change	***************************************			
Remove 3) Change				
Add				
4) Change Add				
Remove 5) Change Add				
Remove				
6) Change Add				
Remove				

<u> 1 amendin</u>	or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)
Attach <i>addi</i>	tional sheets, if necessary). (Be specific)
-	$\mathcal{M} / \rho_{\lambda}$
	140
	
lf an amon	dment provides for an exchange, reclassification, or cancellation of issued shares,
orovisions	for implementing the amendment if not contained in the amendment itself:
	applicable, indicate N/A)
	\mathcal{N}_{α}
 	

The date of each amendment(s) adoption:, date this document was signed.					
Effective date if applicable:					
(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.				
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder				
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder				
Dated Full	mary 24, 2014				
Signature	whomas Pre	5 ·			
	irector, president or other officer – if directors or officers have not been the hands of a receiver, trustee, or other court				
	ed fiduciary by that fiduciary)				
	Jack M. Goloff D. O. (Typed or printed name of person signing)	_			
	President				
	(Title of person signing)	_			