

Division of Corporations Public Access System

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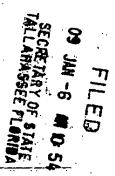
Division of Corporations

: (850)617~6380 Fax Number

: PAUL SALVER, P.A. Account Name

Account Number : I20020000087 : (954)389-1333

: (954)389-1397 Fax Number





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THE RIGHT PILL PHARMACY, INC.

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## Articles of Amendment to Articles of Incorporation of

i ne Riar	4 Dill Dis	I.m.m	12 5
	<u>nt Pill Pharma</u>		<b>工作</b>
(Name of Corporation as cur	rrentry hied with	ine Florida Dept. 01 Stat	400
Pn	8000109906		92
	umber of Corporat	on (if known)	
•	·	•	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Income		tes, this <i>Florida Profit (</i>	Corporation advanta
A. It amending name, enter the new name	of the corporatio	<u>o:</u>	
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	," "Inc.," or Co.	," or the designation "C	Corp," "Inc," or
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STRE</u>			
			<u></u>
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		660 Linton Blvd.	
		Suite 110-A	
		Delray Reach El 33444	
		Delray Beach, FL 33444	<u> </u>
		address in Florida, ente	
new registered agent and/or the new re		address in Florida, ente	
		address in Florida, ente	
new registered agent and/or the new re	gistered office add	address in Florida, ente	
new registered agent and/or the new re  Name of New Registered Agent:	gistered office add	address in Florida, ente dress: da street address)	r the name of the
new registered agent and/or the new re  Name of New Registered Agent:	gistered office add	address in Florida, ente dress:	r the name of the
Name of New Registered Agent:	gistered office add	address in Florida, entedress:  da street address)  (City) gent:	r the name of the  , Florida
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if change I hereby accept the appointment as registered.	gistered office add	address in Florida, entedress:  da street address)  (City) gent:	r the name of the  , Florida

## 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>	Address	Type of Action
			<b>\</b> Add
E. <u>If amer</u>	iding or adding additional Articles,	enter change(s) here:	<del></del>
(attach d	additional sheets, if necessary): (Be	specific)	
<del></del>			
F. <u>Ifan s</u>	mendment provides for an exchang	e, reclassification, or cancel	lation of issued shares.
<u>provis</u> (if	ions for implementing the amendm not applicable, indicate N/A)	ent if not contained in the an	nendment itself:

The date of each amendment(s	s) adoption: January 6, 2009
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	39
by	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	1/4/08
Signature	a director, president or other officer – if directors or officers have not been
	ted, by an incorporator—if in the hands of a receiver, trustee, or other court
	inted fiduciary by the fiduciary)
	l .
	Basim Elhabashy, MD
	(Typed or printed name of person signing)
	President
	(Title of person signing)