DD 2000 3242

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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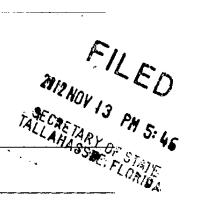
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | RATION: Lee County BER: P0900003261 | / Medical Solutio | ens, Inc. | | |
|--------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|--|
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | spondence concerning this ma | tter to the following: | | | |
| | Kristen J. Touhey | / | | | |
| | | Name of Contact Person | · · · · · · · · · · · · · · · · · · · | | |
| | Lee County Medical Solutions, Inc | | | | |
| | | Firm/ Company | | | |
| | 3822 Broadway Avenue | | | | |
| | | Address | | | |
| | Fort Myers, Florid | da 33901 | | | |
| | | City/ State and Zip Code | | | |
| \ A /\A/ | w.medicalsolution | s@live.com | | | |
| | | sed for future annual report | notification) | | |
| For further information | n concerning this matter, pleas | se call:at (239 | , 628-1124 | | |
| | of Contact Person | |) de & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | rtment 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) | | |
| Ame Divi P.O. | ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio Clifton 2661 E. | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 | | |

Articles of Amendment Articles of Incorporation



Lee County Medical Solutions, Inc.

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

P09000032612

(Document Number of Corporation (if known)

nent(s) to

| | of the corporation: |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| n/a | |
| | the word "corporation," "company," or "incorporated" or the about 10 or "Corp," "Inc," or "Co". A professional corporation name must co |
| B. Enter new principal office address, if a | onlicable: n/a |
| (Principal office address <u>MUST BE A STRE</u> | |
| | |
| | ···· |
| C. Enter new mailing address, if applicab | <u>le:</u> |
| (Mailing address MAY BE A POST OFF | FICE BOX) |
| | |
| | |
| | |
| D. If amending the registered agent and/o | registered office address in Florida, enter the name of the |
| new registered agent and/or the new re | |
| new registered agent and/or the new re | gistered office address: |
| | gistered office address: |
| new registered agent and/or the new re | gistered office address: |
| new registered agent and/or the new re Name of New Registered Agent | gistered office address: O change (Florida street address) |
| new registered agent and/or the new re | gistered office address: O change |
| new registered agent and/or the new re Name of New Registered Agent | gistered office address: O change (Florida street address) , Florida |
| new registered agent and/or the new re Name of New Registered Agent | City) Change (Florida street address) , Florida (Zip Code) |

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 <math>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: X Change | PT John | <u>1 Doe</u> | |
|----------------------------|-------------------------|------------------|----------------------|
| X Remove | <u>V</u> <u>Mike</u> | e Jones | |
| X Add | <u>SV</u> <u>Sall</u> y | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VPD | Thomas W. Joslyn | 3822 Broadway Avenue |
| Add | | | Fort Myers, Florida |
| X Remove | | | 33901 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
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| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and and it not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| | |
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| | |

November 1, 2012 The date of each amendment(s) adoption: same Effective date if applicable: (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 (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 November 1, 2012 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) Kristen J. Touhey (Typed or printed name of person signing) Incorporator/President (Title of person signing)