## P09000041421

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PICK-UP	WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECKETARY OF STATE TALLAHASSEE, FLORIDA

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Amend

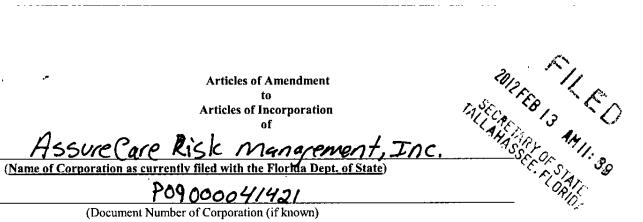
FEB 15 2012 T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ASSURE CARE RISK Management, Inc.  DOCUMENT NUMBER: P09000041421
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Ryan
Name of Contact Person
Firm/ Company
(031 US. Highway / Sk 100 Address
North Pem Beach, FL 33408 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Rich Agal  at (612) 840 - 0161  Name of Contact Person  Area Code & Daytime Telephone Number
Name of Contact 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 Certificate of Status (Additional Copy is enclosed)  \$35 Filing Fee & Certified Copy Certificate of Status (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**



lment(s) to

(Document Number of Co	oration (if kno			·		_ ′′
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	utes, this <i>Flori</i>	ida Profit	Corporati	on adopts	s the follow	ing amendme
A. If amending name, enter the new name of the corp	ation:					
						The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abi	nc," or "Co".	A profe	s," or "in ssional co	corporate rporation	ed" or the name mus	abbreviation t contain the
B. Enter new principal office address, if applicable:		631	US.	Hich	way /	ste 100
(Principal office address MUST BE A STREET ADDRI	<u>(Z)</u>	Vo/th	Palm	Beac	sh, FL	_ste 100 _33408
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ul>		n Florida	, enter the	e name o	f the	 
Name of New Registered Agent						
	Florida street aa	ldress)				
New Registered Office Address:		Í	Eld	oriđa		
New Registered Office Address.	(City)		, * ··	)	(Zip Code)	<del></del>
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a.		and accep	t the oblig	ations of	the position	
, , , , , , , , , , , , , , , , , , , ,	,	<b>-</b>		,7		
Signature of New I	gistered Ageni	, if chang	ing	<del></del>		

P = President; V = Vice	Presiden = Chief	Financial Officer. If an officer/a	D= Director; TR=	= Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	aves the c	corporation, Sally Smith is named	Doe is listed as t the V and S. The	he PST and Mike Jones is listed as the V. There is see should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doc		· · · · · · · · · · · · · · · · · · ·
X Remove	<u>V</u>	Mike Jones	٠	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) X Change Add Remove	P	Richard A	<del>l</del> ga(	North Palm Beach FL 33408
2) X Change Add Remove	VP	Richard F	lga/	631 US. Highway 1 Sk/00 North Dalm Beach, FL 33408
3) Change Add Remove	<u>5@</u>	s Richard Ago	<b>V</b>	Co31 US Highway 1 Ste 100 North Palm Beach, FL 33408
4) Change Add Remove	·			

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)

5) \_\_\_\_ Change \_\_\_\_ Add \_ Remove

6) \_\_\_\_ Change \_\_\_ Add \_ Remove

atta	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
•	<del></del>	
	_	
	•	
	<del></del>	
If an	nendment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	ions for implementing the amendment if not contained in the amendment itself:	
	not applicable, indicate N/A)	
	. "	
	<u> </u>	

The date of each amendment(s) a	doption: 1/19/2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1/19/2012
	irector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Richard Agai
	(Typed or printed name of person signing)
	President (Title of parent digning)
	(Title of person signing)