

P10000009299

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

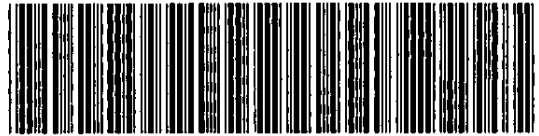
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5/18

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10 MAY - 7 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 MAY - 7 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
DEG
5/18

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOBILE HEALTHCARE CLINIC, INC.

DOCUMENT NUMBER: P10000009299

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person: CLAYTON ROACH

Firm/ Company:

Address : 3241 CHESTNUT CT

St. Johns, FL 32259

E-mail address: claymakr@comcast.net

For further information concerning this matter, please call: Clayton Roach
at (904

Enclosed is a check for the following amount made payable to the Florida Department of State:

● \$35 Filing Fee

● \$43.75 Filing Fee &
Certificate of Status

~~X~~ ● \$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

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
Of

MOBILE HEALTHCARE CLINIC, INC

(Document Number of Corporation :P10000009299

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* 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."

N/A

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

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

new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address: (Florida street address)

, Florida (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

N/A

FILED
10 MAY -7 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer and/or Director being added:

Title Name Address Type of Action

☒ Add : T. CAREY MERRITT, MD
6817 SOUTHPOINT PKWY #304
Jacksonville, Fl. 32216

-VP

E. If amending or adding additional Articles, enter change(s) here:

N/A

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: APRIL 24, 2010

(date of adoption is required)

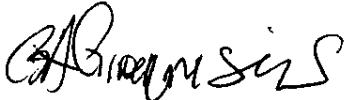
Effective date if applicable: APRIL, 24, 2010

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.

Dated : April, 24, 2010

Signature X



George Giannisis, President

(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)

(Typed or printed name of person signing)

(Title of person signing)