Division of Corporations **Electronic Filing Cover Sheet**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FIRST CHOICE PHARMACY DISCOUNT CORP.

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April 21, 2011

FLORIDA DEPARTMENT OF STATE

FIRST CHOICE PHARMACY DISCOUNT CORP.

2900 W. 12TH AVE., UNIT 4

HIALEAH, FL 33012US

SUBJECT: FIRST CHOICE PHARMACY DISCOUNT CORP.

REF: P10000053583

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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Teresa Brown Regulatory Specialist II FAX Aud. #: H11000107461 Letter Number: 411A00009751

PECEIVED 11 APR 21 AM 8: 12 SECRETARY OF STATE TALLAHASSEE, FI ORDE

Articles of Amendment

to

Articles of Incorporation of

	ψī	ميدة . رئيس مهرية			
First Choice F	harmacy Discount Corp				
(Name of Corporation as carrently filed with the Florida Ocot, of State) P1000053583					
Pursuant to the provisions of section 607 mendment(s) to its Articles of Incorporation		la Profit Corporation adopts the following			
A. If amending name, enter the new nam	e of the corporation:				
ame must be distinguishable and conta		The new			
ame must contain the word "chartered," " 3. Enter new principal office address, if: Principal office address MUST BE A STR C. Enter new malling address, if applications address MAX BE A POST OF	applicable: RET ADDRESS)	abbreviation "P.A."			
). If amending the registered agent and/ new registered agent and/or the new r Name of New Registered Agent:		orida, enter the name of the			
	2900 W 12 Ave., #4				
New Registered Office Address:	(Florida street addr	cs3)			
	Hialeah	, Florida 330 <u>12</u>			
	(City)	(Zip Code)			
New Registered Agent's Signature, if cha hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar with and o Signature of New Registered Ag				

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3052201440

H11000107461

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 sheats, if necessary)

Title	<u>Name</u>	Address	Type of Action
P&D	Mercedes Luis	2900 W. 12 Ave. Unit # 4 Histeah, FL 33012	Add Remove
ST&D	Magaly Gonzalez	2900 W. 12 Ave. Unit # 4 Histoph. FL 33012	
S&T_	Jairo Raga	6410 Main Stram, Apt 8 Mlami Lakes, FL 33014	[] Add [] Remove
E. If amend (attach ad	ling or adding ±8titional Articles, en Editional sheets, if necessary). (Be sp	iter change(s) here: Dacific)	
provisio	nendment provides for an exchange, ons for implementing the amendment ot applicable, indicate N/A)	reclassification, or cancellation of it not contained in the amendmen	saued shares. t itself:

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HITOUVIVIA

The date of each amendment	(s) adoption: 4-20-2011		
	(date of adoption is required) (no more than 90 days after amendment file date)		
Effective date if applicable:			
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.		
The amendment(s) was/we must be separately provide	ire approved by the shareholders through voting groups. The following statement of for each voting group antitled 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/we action was not required.	ers adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the incorporators withour shareholder action and shareholder		
Dated_4-20	2011		
Signaturs_	DD.		
sel	y a director, president or other officer - if directors or officers have not been acted, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	Mercedes Luis		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

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