ge and use it as a cover sheet. Type the fax audit number (shown below, . 1 the top and bottom of all pages of the document.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MED SOLUTION PHARMACY, DISCOUNT & EQUIPMENT CORP

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Help

H 1 3 0 0 0 0 4 1 2 8 9 13 FEB 22 AH IN: N2 Articles of Amendment to Articles of Incorporation Articles of Incorporation

Florida

(Zip Code)

(Name of Corporation as currently filed with the Florida Dept. of State) MED SOLUTION PHARMACY, DISCOUNT & EQUIPMENT CORP - DOCUMENT # P1100013801 (Document Number of Corporation (if known) 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: NO NAME AMENDMENTS APPLICABLE 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." NO CHANGES B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new juziling address, if applicable: NO CHANGES (Matting 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: NO CHANGES TO REGISTERED AGENT AT THIS TIME Name of New Registered Agent (Florida street address)

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

New Registered Office Address:

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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 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.

Exam XC	ple:	. <u>PT</u>	John De	v a			
	move	<u>v</u>	Mike Jo				
<u>X</u> A		<u>\$V</u>	Sally Sr		:		
Type (Check	of Action k One)	Title		<u>Name</u>		<u>Address</u>	
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The dat	e of each amendment(s) adoption: FEBRUARY 20, 2013					
Effectiv	e date if applicable:					
ì	(no more than 90 days after amendment file date)					
Adoptic	n of Amendment(s) (CHECK ONE)					
The i	unendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) e shareholders was/were sufficient for approval.					
☐ The z	mendment(s) was/were approved by the shareholders through voting groups. The following statement 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					
	by					
☐ The a	mendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.					
	mendment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.					
	Dated FEBRUARY 20, 2013					
	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)					
	SILVIA BOSQUE					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(Title of person signing)					

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