## P.1100001994

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATES

Amund Mandll

## **Articles of Amendment**

to

## Articles of Incorporation of

	-	·	1
CARE FIRST Medical (	entor	Inc.	To the
(Name of Corporation as currently filed wi	h the Florida	Dept. of State)	ي
P1100001997	14		
(Document Number of Corpo		m)	
ursuant to the provisions of section 607.1006, Florida Stanendment(s) to its Articles of Incorporation:	tutes, this Flo	rida Profit Corporation adopts	the fol
If amending name, enter the new name of the corpora	ion:		
		<i>Th</i>	he nev
ame must be distinguishable and contain the word "conbreviation "Corp.," "Inc.," or Co.," or the designation ame must contain the word "chartered," "professional asso	'Corp," "Inc,'	" or "Co". A professional corp	
Enter new principal office address, if applicable:	698	0 EAST 49# St	
rincipal office address <u>MUST BE A STREET ADDRESS</u>	) HIA	leah Fla 33010	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	690	EAST 495+	
	Hiple	eah fla 33010	
If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	ce address in ddress:	Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address: (Flo	orida street add	dress)	
		, Florida	
(Ci.	v)	(Zip Code)	··
ew Registered Agent's Signature, if changing Registered	Agent:		
ereby accept the appointment as registered agent. I am fa		d accept the obligations of the pos	sition,
Signature of No.	w Registered	Agent, if changing	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			☐ Add☐ Remove
	<del></del>	-	
			☐ Add ☐ Remove
	ding or adding additional Articles, ending or adding additional sheets, if necessary). (Be s		
provisi	mendment provides for an exchange ions for implementing the amendment applicable, indicate N/A)		
		,	
		·	

 The date of each amendment Effective date <u>if applicable</u> :	(s) adoption: (date of adoption is required)		
enective date <u>it applicable.</u>	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wee by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.		
	re approved by the shareholders through voting groups. The following statemen d 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	."		
· /	(voting group)		
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder		
Dated	4/8/11		
Signature	Malsal 9 D		
	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court		
	pinted fiduciary by that fiduciary)		
11	• •		
	MABEL Y Servano		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		