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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
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T. ROBERTS

COVER LETTER

TO:	Amendment Section
	Division of Corporations

	RATION: HEALTHSOL		& DISCOUNT INC.	
DOCUMENT NUMI	BER: P1100006627	6		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Wendy Johnson			
		Name of Contact Person	1	
	HEALTHSOUTH PHARMACY & DISCOUNT INC.			
		Firm/ Company		
12382 Quail Roost Drive				
	14: : = 1004==	Address		
·	Miami, Fl 33177	· 		
		City/ State and Zip Cod	e	
adr	min@healthsouthp	harmacy.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Wendy John	son	at (305	, 233-9072	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address	· · · · · · · · · · · · · · · · · · ·	Address	
	endment Section ision of Corporations	Amendment Section		
	. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle				
		Tallaha	assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



HEALTHSOUTH PHARMACY & DISCOUNT INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

211000066276			
(Documen	Number of Corporation (if k	nown)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation ad	lopts the following amendment(s)
. If amending name, enter the new na	me of the corporation:		
My Health South Pharma	cy, Inc.		The new
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associat	ation "Corp," "Inc," or "Co	". A professional corpora	rated" or the abbreviation ition name must contain the
8. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>			
Enter new mailing address, if appli- (Mailing address <u>MAY BE A POST (</u>			
If amending the registered agent an new registered agent and/or the new		s in Florida, enter the nan	<u>1e of the</u>
Name of New Registered Agent	Wendy Johnson		
	12382 Quail Roos	st Drive	
	(Florida street	,	
New Registered Office Address:	Miami	, Florida '	33177

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.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Arti Attach additional sheets, if necessary).		
The state of the s		
		
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f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	and the same and t	
NIA		
	- · · · · · · · · · · · · · · · · · · ·	
		 .
		_

The date of each amendment(s) adoption: 8/31/12		
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 adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
action was not required.	by the incorporators without shareholder action and shareholder	
Dated 8/2	endy Johnes	
Signature	endy Johnes	
(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
_	Wendy Johnson (Typed or printed name of person signing)	
	1	
	Director President (Title of person signing)	
	(Title of person signing)	