P1100069930

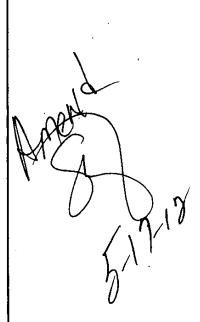
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Primary Medical Associates				
DOCUMENT NUMBER: P110006 69930				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Purary Medical Associates Firm/ Company 18520 nw 67th are Ste 258 278 Address Hialeah, Fl 33015 City/ State and Zip Code totalheathabatrail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contagt Person at (954) 864-1724 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

Primary Medical Asso	ciates trc.
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P110000 69930	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	Florida Profit Corporation adopts the following amendment(s) to
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	18520 NW 67th are Ste 278
	Haleah, FI 33015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18520 nw 67thare
	Ste 278
	Hialeah, fl 33015
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office 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 to	L with and accept the obligations of the position.
Signature of New Registered A	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)

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 <math>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	Y	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove	 		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

tach additional sheets, if necessary)	. (Be specific)				
					
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		- 			
					
an amendment provides for an ex- covisions for implementing the an	change, reclassific:	ation, or cancellat	ion of issued sl endment itself:	iares.	
(if not applicable, indicate N/A)					
					
	·				- · · · · · · · ·
					
					
		_			

The date of each amendment(s) adoption:	59-18
Effective date if applicable: 5/1/12	more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK	ONE)
The amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for approv	nolders. The number of votes cast for the amendment(s) al.
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement of entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval
by(voting gr	oup)
	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	orators without shareholder action and shareholder
Dated_ 5/9/12	
Signature (By a director, president of selected, by an incorporal appointed fiduciary by the	or other officer – if directors or officers have not been tor – if in the hands of a receiver, trustee, or other court at fiduciary)
<u> </u>	Brank I or printed hame of person signing)
Press	le of person signing)