P11000084618

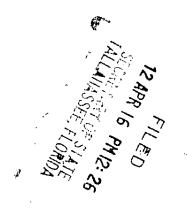
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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APR 1 8 2012 C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HEALTHCAR		MANAGEMENT, INC.	
DOCUMENT NUM	_{IBER:} P1100008461	8		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	•	
Please return all corr	espondence concerning this ma	tter to the following:		
	MELISSA MANC	INI		
		Name of Contact Person	1	
	HEALTHCARE R	ECEIVABLES M	ANAGEMENT, INC.	
		Firm/ Company		
	3015 N OCEAN I	BLVD 11K		
		Address		
	FORT LAUDERD	ALE, FL 33308	}	
		City/ State and Zip Cod		
НЕ	RMMELISSA@AO	LCOM		
		sed for future annual report	notification)	
			,	
For further information	on concerning this matter, plea	se call:		
		0.5.4	500 7040	
MELISSA MANCINI		at (954	560-7610	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	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)	
Mailing Address Amendment Section Division of Corporations		Amend Divisio	Address Iment Section on of Corporations	
	D. Box 6327 Ilahassee, FL 32314		Building executive Center Circle	
•		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

HEALTHCARE RECEIVABLES MANAGEMENT, INC.

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

P11000084618

(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:

The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or life abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing 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:

Name of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(Florida street address)

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	<u>PT</u>	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>	<u>Addres</u> s
Change X Add Remove	D	JAMES MANCINI	3015 N OCEAN BLVD 11K FORT LAUDERDALE, FL 33308
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add Remove		_	
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
· ·	
	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
:	· · · · · · · · · · · · · · · · · · ·
	·

The date of each amendment(s) ac	doption: 4-10-12
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 20 days after amenament fire date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 4-	10-12
Signature 2	Nelissa Manun
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Melissa Mancini (Typed or printed name of person signing)
	(Typed of printed name of person signing)
	Director
	(Title of person signing)