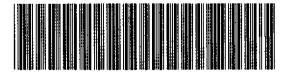
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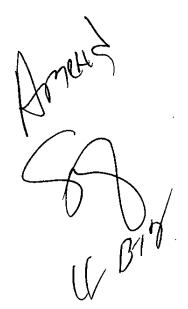
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpore				
NAME OF CORPORA	TION: FLORIDA P R: P1100010646	HARMACY & DIS	SCOUNT, CORP.	
DOCUMENT NUMBE	R:			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
<i>p</i>	AILIN RODRIGU	EZ		
_		Name of Contact Person	1	
F	LORIDA PHARI	MACY & DISCO	UNT, CORP.	
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	<u> </u>	
2	422 SW 8th ST	REET		
_		Address		
<i>y</i>	IIAMI, FLORIDA	33135		
_		City/ State and Zip Code		
FIO	RIDA.PATIENT.	CAREMCOMCA	AST NET	
110		sed for future annual report		
	•	•	·	
For further information of	concerning this matter, pleas	se call:		
AILIN RODRIGUEZ		at (786	356-9492	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailii</u>	ng Address	Street	Address	
	dment Section		ment Section	
	on of Corporations	Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA PHARMACY & DISCOUNT, CORP.

(Document Number of Corporation (if known) nant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a rticles of Incorporation: famending name, enter the new name of the corporation:	(Name of Corporation as	currently filed with the	Florida Dept. of State)	
ant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a rticles of Incorporation: A	P11000106466		•	E S
A	(Documen	t Number of Corporation	(if known)	
must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev. "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must con "chartered," "professional association," or the abbreviation "P.A." Inter new principal office address, if applicable: acipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 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 N/A (Florida street address) N/A Florida Florida	Pursuant to the provisions of section 607. as Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts th	ic following at
e must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev. "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contributed," "professional association," or the abbreviation "P.A." Inter new principal office address, if applicable: Inter new mailing address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX 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 N/A (Florida street address) New Registered Office Address: N/A N/A (Florida street address)	A. If amending name, enter the new na	me of the corporation:		
p., "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contributed in "professional association," or the abbreviation "P.A." Inter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX 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 N/A (Florida street address) N/A (Florida street address)	N/A			_Th
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Framending 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 N/A (Florida street address) N/A New Registered Office Address: N/A Florida Florida	Corp.," "Inc.," or Co.," or the design	ation "Corp," "Inc," or	"Co". A professional corporation n	or the abbreame must con
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 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 N/A (Florida street address) New Registered Office Address: N/A Florida Florida				
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f amending the registered agent and/or registered office address in Florida, enter the name of the name of the name of New Registered Agent Name of New Registered Agent N/A (Florida street address) N/A New Registered Office Address: N/A , Florida	C. Enter new mailing address, if appli	cabl e :	NI/A	
Name of New Registered Agent New Registered Office Address: N/A (Florida street address) N/A New Registered Office Address: N/A N/A , Florida	(Mailing address MAY BE A POST (OFFICE BOX)	IN/A	
Name of New Registered Agent New Registered Office Address: N/A (Florida street address) N/A New Registered Office Address: N/A N/A , Florida				
Name of New Registered Agent New Registered Office Address: N/A (Florida street address) N/A New Registered Office Address: N/A N/A , Florida			•	
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Name of New Registered Agent (Florida street address) New Registered Office Address: N/A N/A , Florida				<u>1e</u>
Name of New Registered Agem (Florida street address) New Registered Office Address: N/A , Florida			_	
New Registered Office Address: N/A , Florida,	<u>Name of New Registered Agent</u>			
New Registered Office Address: N/A , Florida,		(Florida	street address)	
New Registered Office Address:, Florida,			·	
(Copy Control	New Registered Office Address:			n Code)
		,,	·	,
	new registered agent and/or the new Name of New Registered Agent	v registered office addre N/A (Florida :	street address), Florida	
	aw Dagistarad Agant's Signatura if a	nanging Registered Ages	nt:	
Pagistered Agent's Signature if changing Registered Agent	hereby accept the appointment as regist	ered agent. I am familia	<u></u> r with and accept the obligations of the	e position.
Registered Agent's Signature, if changing Registered Agent: eby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Registered Agent's Signature, if changing Registered Agent: eby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Sis	gnature of New Registered	d 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	<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	VP	LEONARDO I. SIGLER	601 NE 36 STREET UNIT 3308 MIAMI, FLORIDA 33137
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		-	

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

The date of each amendment(s) a	doption: APRIL 1st, 2012
Effective date <u>if applicable</u> :	PRIL 1st, 2012
	(no more than 90 days after amendment file 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 cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement 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.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated APRIL	. 1st. 2012
Signature (By a d	lirector, president of 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)
" ppom	• •
	AILIN RODRIGUEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)