P12000023624

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Amend

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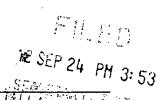
T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PC N	/led Holding	s, Inc.	
DOCUMENT NUMBER: P120000	023624		
The enclosed Articles of Amendment and		r filing.	
Please return all correspondence concernir	ig this matter to the f	following:	
Dr. Dennis			
	Name o	of Contact Person	n
PC Med Ho	Idings, Inc		
	Fir	m/ Company	· · · · · · · · · · · · · · · · · · ·
6035 SW 54	4th Street, S	Suite 200	ı
	<u> </u>	Address	
Ocala, FL			
	City/ St	ate and Zip Cod	e
drbrady@pcme	ed.us		
E-mail address	: (to be used for futu	ire annual report	notification)
For further information concerning this ma	itter, please call:		
Dr. Dennis Brady		at (352	, 671-1830
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the following amou	unt made payable to	the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	f Status Certifi	5 Filing Fee & ied Copy ional copy is sed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	5	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



PC	Med	Holdinas.	. Inc.

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

P12000023624

nent(s) to

(Documer	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corpo	pration adopts the following	g amendme
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "(Co". A professiona		
B. Enter new principal office address,	if applicable:	6035 SW	54th Street	
(Principal office address <u>MUST BE A S</u>		Suite 200		•
		Ocala, FL	34474	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6035 SW	54th Street	_
		Suite 200		
		Ocala, FL	34474	-
D. If amending the registered agent an new registered agent and/or the new			r the name of the	
Name of New Registered Agent	Dave Chesson			
	1021 Gregg Stre	eet		
	(Florida stre	eet address)	/	
New Registered Office Address:	Leesburg		, Florida 34748	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as registed.	tered agent. am familiar w	vilh and accept the o		

Signature of New 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)

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	·	_		- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add				
Remove			•	
2) Change		_		
Add				
Remove				
3) Change				
Add			•	
Remove			•	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

A	

	·
f an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A) A	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	sdoption: September 12, 2012
Effective date if applicable:	September 12, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated Septe	ember 12, 2012
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Dr. Dennis A. Brady
	(Typed or printed name of person signing)
	President
	(Title of person signing)