## P12000005003

Office Use Only



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## **COVER LETTER**

TO: Amendment Section   Division of Corporations
NAME OF CORPORATION: Administrative Healthagre Analyst Inc
DOCUMENT NUMBER: \$1200025613
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:    Name of Contact Person
For further information concerning this matter, please call:
Pona Maxwell at (305) 495-10649  Name of Contact Person 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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment

to
Articles of Incorporation

Articles of incorporation	
Administrative Healthcare Analyst Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P120000 25613	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:  EXPECT UNCOLOGY BILLING SERVICES TOC.  name must be distinguishable and contain the word "exporation," "company," or "incorporated" or the ablincorp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must convoid "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)	DIVISION OF CORPORTIONS 12 JUN 18 AM 9: 22
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:	. 22
Name of New Registered Agent	
(Florida street 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 with and accept the obligations of the position.	
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 Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<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	<u> </u>				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
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	(if not applicable, indicate N/A)					
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, The date of each amendment(s) add	option: 3/9/12
Effective date <u>if applicable</u> :	April 1,2012
and in application	(no more than 90 days after amendment file date)
Adoption of Amondment(s)	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved 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	or the amendment(s) was/were sufficient for approval
by	,,,
•	(voting group)
action was not required.	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder
Dated 6	4/12
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
аррони	Piena Maxwell
	(Typed or printed name of person signing)
-	(Title of person signing)