P1200000179

(Ř	requestor's Name)
(A	ddress)
A)	ddress)
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(C	Oocument Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PHARMAC	IST HEALTH O	NE CORP
DOCUMENT NUM	P1200006217	9	
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	Domingo Abinade	ər	
		Name of Contact Persor	<u> </u>
	AB Multi Services	s and Income Ta	X
		Firm/ Company	
	8751 Commodity	Cir Ste 7	
	- <u>-</u>	Address	
	Orlando, FL 3281	19	
		City/ State and Zip Code	2
	F-mail address: (to be u	sed for future annual report	notification)
	12-11luli addressi (to be di	ica ioi rataro annaar report	,
For further information	on concerning this matter, pleas	se call:	
Domingo Abinader		at (407	601-6524 de & Daytime Telephone Number
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	irtment 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>M</u> :	ailing Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
7.0. B0x 0327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PHARMACIST HEALTH ONE CORP (Name of Corporation as currently filed with the Florida Dept. of State) P12000062179 (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: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "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:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Office Address:

Signature of New Registered Agent, if changing

(Florida street address)

(City)

, Florida

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> 6.1.</u>	John Doe		
X Remove	<u>y</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	<u>P</u>	RUIZ-PEREZ, JAVIER J	1671 HINSON AVE	
Add			HAINES CITY FL 33844	
X Remove				
2) Change	Р	RUIZ-PEREZ, CARLOS J	1671 HINSON AVE	
X			HAINES CITY FL 33844	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
16	
If an amendment provides for an exchange provisions for implementing the amen	ange, reclassification, or cancellation of issued shares,
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s)	odoption: 07/16/2012
Effective date if applicable: 0	7/16/2012
Effective date ir appareable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were apmust be separately provided for	oproved 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 cas	t 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
action was not required.	
Dated 07/16 Signature	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Domingo Abinader
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)