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SECRETARY OF STATIONS
SECRETARY OF COMPORATIONS
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OCT 1 2 2012

T. ROBERTS

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: 610 bottoment number: 712	al Telemental Health Provide 0000 84403 P.A.
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Say	ronara Baez
Horizon	Name of Contact Person Telepsychiatric Providers, P.A. Firm/Company Unrise Lalces Boulevard # H2
8300 S	unrise Lalces Boulevard # H2
	Address FL 33322 City/ State and Zip Code
horizon	City/ State and Zip Code USOI O amail-COM used for future annual report notification)
For further information concerning this matter, ple	ease call:
	OLZ at (954) 557-4769 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to .

Articles of Incorporation of

6 lo bal Telemental	Health brouidexs, P.A.
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P12000844 (Document Number of Corporation (if k	-03 (nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: HOVIZON TELEDSYC name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	o". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>Same</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nulsion of case of cas
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent Name of New Registered Agent	(Same)
(Florida stree	t address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
n/a	·
Signature of New Registered Ag	ent, 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 Do	<u>oe</u>		.) /		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		NI	1	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s
l) Change	· 			. <u>.</u>			
Add						-	
Remove						_	
2) Change	-					_	
Add						-	
Remove						_	
3) Change					<u></u>	_	
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Remove						_	
4) Change				•			
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Add						-	· ·
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5) Change		_		 		_	
Add						_	
Remove						-	
0 0							
6) Change					 	-	
Add						-	
Damova							

	onal sheets, if necesso	I Articles, enter change(ary). (Be specific)		
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If an amendr	nent nrovides for ar	ı evchange reclassificat	ion or cancellation (of issued shares.
	or implementing the	n exchange, reclassificat e amendment if not cont	ained in the amendn	nent itself:
provisions f	oplicable, indicate N	/A) . 1		
provisions for		NA		
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The date of each amendment(s) adopt	ion: 10/6/2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated	10/6/2012
(By a direct selected, by	tor, president or other officer – if directors of officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Sayonara Baez (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)