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Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
17/15/24 OF CORTORATION
13 DEC -3 PH II: 47



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Genesis To	tal Patient Mana	agement Corp		
DOCUMENT NUMBI	ER:				
The enclosed Articles o	f Amendment and fee are sul	bmitted for filing.	•		
Please return all corresp	ondence concerning this mat	ter to the following:			
1	Michael Laing				
_		Name of Contact Person			
(Genesis Total Pa	tient Manageme	ent Corp		
_		Firm/ Company			
;	801 Northpoint Pa	arkway Suite 16			
		Address			
,	West Palm Beach	า FL 33407			
-		City/ State and Zip Code			
mla	ing@genesistpm	com			
		sed for future annual report	notification)		
	(e.e.	·	,		
For further information	concerning this matter, pleas	se call:			
Michael Laing]	_{31,} 561	、331-3229		
Name o	f Contact Person	at (561) 331-3229 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made				
■ \$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)		
Mailing Address		Street	Address		
	ndment Section	Amendment Section			
	sion of Corporations	Division of Corporations			
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the F	lorida Dept. of State)	
(Documen	t Number of Corporation (i	f known)	-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:		The new
name must be distinguishable and come "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associate	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the a 'Co". A professional corporation name must 'P.A."	bbreviation
B. Enter new principal office address, if applicable:		801 Northpoint Parkway	
(Principal office address MUST BE A S	TREET ADDRESS)	Suite 16	-
		West Palm Beach FL 33407	- ' -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		801 Northpoint Parkway	
(maining mainess mill DE III ODI	<u> </u>	Suite 16	-
		West Palm Beach FL 33407	- - -
D. If amending the registered agent an new registered agent and/or the new			ಪ
Name of New Registered Agent	N/A		DEC -3
	(Florida st	reet address)	₹-
New Registered Office Address:	N/A	, Florida	OF STATE
	(City	(Zip Code)	5 37
New Registered Agent's Signature, if continued in the segment of the segment as registered in the segment as registered in the segment as registered in the segment of the		t: with and accept the obligations of the position.	
Si	gnature 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.

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>	Name	<u>Addres</u> s				
1) Change	ST	Roberta Pugliese	305 Trieste Dr.				
Add			Palm Beach Gardens				
Remove			FL 33418				
2) Change	VP	David Fantin	5185 PEPPERCORN ST.				
Add			Palm Beach Gardens				
Remove			FL 33418				
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change			 				
Add							
Remove							
6) Change							
Add							
Remove							

. <u>If an</u> (Atta	<mark>nending or addi</mark> ch additional sh	<mark>ing addition</mark> al eets, if necesso	Articles, e ary). (Be	nter chang specific)	<u>e(s) here</u> :				
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If an	n amendment p ovisions for imp	rovides for a	<u>1 exchange</u> 2 amendme	, reclassific	<u>ation, or ca</u> intained in 1	ncellation he amendi	<u>of issued sh</u> nent itself:	ares,	
-	(if not applicat	ble, indicate N	'/A)				<u> </u>		
I/A									
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date this document was signed.	_, it other than the
Effective date if applicable: N/A	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 N/A	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated November 27, 2013	
Signature	_
(By a director, president frother officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appeared ingenity by that inducting,	
Michael Laing	
(Typed or printed name of person signing)	_
President /	
(Title of person signing)	_