P130000005110

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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And

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PHARMAC	Y HOLDINGS L	ISA, INC.	
DOCUMENT NUMBER: P130000571			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
LORI KAPLAN			
PHARMACY HO	Name of Contact Person		
	Firm/ Company	-	
2301 NW 33RD (• •	110	
	Address		
POMPANO BEAG	CH, FL 33069		
	City/ State and Zip Code		
PHYSICIAN.RX@GN	MAIL.COM		
E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, pleas			
LORI KAPLAN	at (954) 233-4955		
Name of Contact Person			
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:	
\$35 Filing Fee \$\times \$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of

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× 44 8: 25

PHARMACY HOLDINGS USA, I	NC.		7, 8,5%
(Name of Corporation as currently file	led with the Florida Dep	t. of State)	
P13000005710			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
			_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the contains the contains the contains and the contains a second contains the contains	" "Inc," or "Co". A pr		
B. Enter new principal office address, if applicable:			-
(Principal office address <u>MUST BE A STREET ADD</u>	<u>PRESS</u>)		
			•
			•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Y)		
(Muning numers MATERIAL OF OFFICE BOX	<u> </u>		-
			-
			-
D. <u>If amending the registered agent and/or register</u> new registered agent and/or the new registered of		ida, enter the name of the	
	office address.		
Name of New Registered Agent			
	(Florida street address)		
	(1 tortuu street aaaress)		
New Registered Office Address:	(City)	, Florida(Zip Code)	•
		(,	
New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent.		cept the obligations of the position.	
,t	y // www. 1441	The standard of the position.	
Signature of Ne	w Registered Agent, if che	anging	

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	PT John Do	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	SV Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	JOSEPH DICAPUA	
AddXRemove			
2) Change	CEO	GREGORY COUTO	
Add X Remove			
Remove 3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

(Attach additional	f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
Tittucii (daamonai	sneets, if necessary,	(De specific)			
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If an amendment	provides for an exch	ange, reclassificat	ion, or cancellation	on of issued shares	د
Cif not applic	nplementing the amerable, indicate N/A)	nament 11 not cont	ained in the amei	idment itself:	
(y maxqapiic	sine, marcule milly				
					
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The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenament 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
(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 07/08/13
Signature K. N
(By a director, president of other 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)
LORI KAPLAN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)