P13000017017

| (Re | equestor's Name) | | |
|-------------------------|-------------------|-------------|--|
| (Ad | ldress) | | |
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| (Cit | ty/State/Zip/Phon | ne #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | ısiness Entity Na | me) | |
| (Document Number) | | | |
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| Special Instructions to | Filing Officer: | | |
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Office Use Only



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07/25/13--01027--014 **43.75



Life Path Health Center, Inc.

7402 N. 56th Street, Corporate Square Building # 900, Suite 907 Tampa, FL 33617

July 23, 2013

Florida Dept of State
Division of Corporations
Amendment Section, Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301.

Re: Life Path Health Center, Inc. - Articles of Amendment

Please see enclosed Articles of Amendment and applicable fee for your notice.

Your prompt attention in processing this request would be greatly appreciated. Thank you.

Sincerely,

Ltta-A-Nazim Hamid, PhD

President

7402 N. 56th Street, Bldg. # 900, Suite 907,

Tampa, FL 33617

Tel: 813.985. 8373 (O); 718.810.9191 (C)

Email: nbhamid@aol.com

lifepathhealth@gmail.com

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | _{on:} Life Pat | h Health Center | , Inc. | | |
|--|---|--|--|--|--|
| DOCUMENT NUMBER: | | 000017017 | | | |
| The enclosed Articles of An | nendment and fee are sui | bmitted for filing. | | | |
| Please return all correspond | ence concerning this mat | ter to the following: | | | |
| | | Nazim Hamid | | | |
| | | Name of Contact Persor |) | | |
| | Life Path Health Center, Inc. | | | | |
| , | | Firm/ Company | | | |
| | 7402 N | . 56th Street, Bui | lding 900, Suite 907 | | |
| | Address | | | | |
| | Tampa | i, FLorida 33617 | • | | |
| | | City/ State and Zip Code | 2 | | |
| | n | bhamid@aol.co | m | | |
| | | ed for future annual report | | | |
| For further information cond | | at (718 | , 810 <i>-</i> 9191 | | |
| Name of Co | ntact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check for the | following amount made | payable to the Florida Depa | artment 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) | | |
| Mailing Address | | | Address | | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | | |
| P.O. Box | • | Clifton Building | | | |
| | ee, FL 32314 | 2661 E | xecutive Center Circle | | |
| | | Tallahassee, FL 32301 | | | |

Articles of Amendment Articles of Incorporation

Life Path Health Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P13000017017

(Document Number of Corporation (if known)

| A. If amending name, enter the new name of the corporation: | | | | |
|---|--|--|--|--|
| Century Health Center, I | nc. The new | | | |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the | | | |
| B. Enter new principal office address, if applicable: | 7402 N. 56th Street | | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Building 900, Suite 907: | | | |
| | Tampa, FL 33617 | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A B B D | | | |
| | 20 | | | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | | | | |
| Name of New Registered AgentN/A | <u> </u> | | | |
| | | | | |
| (Florida st | reet address) | | | |
| New Registered Office Address: | , Florida | | | |
| (City) | (Zip Code) | | | |
| Non-Desired and Assessed Assessed Assessed | | | | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar | | | | |
| | | | | |
| | | | | |

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 | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | | <u>Addres</u> s |
| 1) Change | | | N/A | 7402 N. 56th Street, Building 900, Suite 907 |
| Add | | | | |
| Remove | | | | |
| 2) Change | · · · · · · · · · · · · · · · · · · · | | N/A | |
| Add | | | | |
| Remove | | | NI/A | |
| 3) Change | | | N/A | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | N/A | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | N/A | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | N/A | |
| Add | | | | |
| Remove | | | | |

| | N/A | |
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| in amendment provides for an excha | ange, reclassification, or cancellation of issued shares, | |
| ovisions for implementing the amen- (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: | |
| (ij noi appricaoie, maicaie 1471) | | |
| | N/A | |
| | IN/A | , <u></u> |
| · · · · · · · · · · · · · · · · · · · | | |
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| | | |

| The date of each amendment(s) ac | July 23, 2013 | , if other than the |
|---|---|---------------------|
| date this document was signed. Effective date if applicable: | July 29, 2013 | |
| Enecuve date in applicable. | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) officient for approval. | |
| | proved 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 the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and shareholder | |
| Dated | July 23, 2013 | |
| Signature | Hamid. | |
| selecte | lirector, president or other officer – if directors or officers have not been id, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary) | |
| | Nazim Hamid | |
| | (Typed or printed name of person signing) | |
| | President | |

(Title of person signing)