## P13600618507

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #	<del>(</del> #)
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(Bı	usiness Entity Name	9)
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SECRETARY OF STATE

DEC 11 2013

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corpo	idelolis		
NAME OF CORPOR	ATION: MOUNT S ER: P13000018	SINAI URGEN 507	IT CARE INC
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
1	DIANE NICOL	AS	
<del>-</del>		Name of Contact Person	
	MOUNT SINAI		ARE INC
		Firm/ Company	_ ,
<u>.</u>	5979 VINELAN	ND RD - SUIT	E 109
		Address	
<u>(</u>	ORLANDO, FL	_ 32819	<u></u>
		City/ State and Zip Cod	e
DIA	NE_NCLS@Y	AHOO.COM	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DIANE NIC	OLAS	<sub>at (</sub> 407	399-7171 de & Daytime Telephone Number
Name of Contact Person		Area Co	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 Iment Section
Amer	ndment Section	Ameno	ineni Section

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

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

## **Articles of Amendment Articles of Incorporation**

## MOUNT SINAI URGENT CARE INC

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

P1	3	በሰ	ነበ	<b>01</b>	Я	50	7
			,,,				, ,

(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

A. If amending name, enter the new name of the			The
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	orp," "Inc," or "Co". A pro	ny," or "incorpoi fessional corpora	rated" or the abbre tion name must conto
B. <u>Enter new principal office address, if applical</u> Principal office address <u>MUST BE A STREET AN</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>		
D. If amending the registered agent and/or regis	stered office address in Flori	da, enter the nam	e of the
			<u> </u>
new registered agent and/or the new register			
Name of New Registered Agent			
	(Florida street address)		
	(Florida street address)	, Florida	
Name of New Registered Agent	(Florida street address) (City) Registered Agent:	, Florida_	(Zip Code)

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)	Title	Name	<u>Addres</u> s
1) Change	Р	DIANE NICOLAS	5979 VINELAND ROAD
Add			SUITE 109
Remove			ORLANDO, FL 32819
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

Attac	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
•	
prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:  I not applicable, indicate N/A)
<del></del>	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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. 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 DECEMBER 3, 2013	
Signature	
(R) a director, president or 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)	
DIANE NICOLAS	
(Typed or printed name of person signing)	
REGISTERED AGENT	
(Title of person signing)	<del></del>