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R. WHITE

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: M care Medical Center Inc DOCUMENT NUMBER: P13000065004 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Manette Emilcare Name of Contact Person M Care Medical Center Inc Firm/ Company 850 South 21 Street, Suite B Address Fort Pierce, FI 34950 City/ State and Zip Code mcaremedicalcenter@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \ (\frac{561}{\text{Area Code \& Daytime Telephone Number}}$ Manette Emilcare Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

15 FEB 25 PH 3:30

M Care Medical Center Inc

P13000065004	currently lifed with the Fior	ida Dept. of State	JALAHASSI	Li Longa
· · · · · · · · · · · · · · · · · · ·	Number of Corporation (if k	nown)	Ada.	e# .
ursuant to the provisions of section 607.1 Articles of Incorporation:	006, Florida Statutes, this Flo	orida Profit Corporation	adopts the followin	g amendment(s
. If amending name, enter the new name N/A	me of the corporation:			The new
ame must be distinguishable and conto Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associati	ution "Corp," "Inc," or "Co	". A professional corpo		bbreviation
Enter new principal office address, it Principal office address <u>MUST BE A ST</u>	f applicable:	N/A		_
. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		N/A		- - -
. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the na	ame of the	-
Name of New Registered Agent	14//			
	(Florida street	address)	_	
New Registered Office Address:	(City)	Florid,	a(Zip Code)	-
ew Registered Agent's Signature, if chi hereby accept the appointment as registe.		h and accept the obligatio	ons of the position.	

Signature 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.

Example: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>ce Jones</u>	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPD	Odiel Jean Baptiste, MD	12674 little palm lane
Add			Boca Raton, Fl 33428
Remove 2) Change	С	Louidor Alliance, MD	424 Gazetta Way
Add			West Palm Beach, Fl 3341
Remove			
3) Change			
Remove			
4) Change	<u> </u>		
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Pamaya			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
/A	
/A	

The date of each amendment(s) adoption:	, if other than the
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_02/09/2015	
Signature A	
(By 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)	
Manette Emilcare	
(Typed or printed name of person signing)	
President	
(Title of person signing)	