

10/27/2032 07:27  
PI40001e3583  
Florida Department of State  
Division of Corporations  
05409 12/001/002

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000290138 3)))



H140012901383ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

Top

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

卷之三

14 DEC 17 847:15

卷之三

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LISY PHARMACY, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

DEPARTMENT OF STATE  
REGISTRATION OF CORPORATIONS

C. L. 8-14  
12-18

10/27/2032 07:27

Dec. 16, 2014 11:54AM

f&jrehabilitation inc

#5409 P.002/002

No. 7846 P.41

Articles of Amendment  
to  
Articles of Incorporation  
of

H14000290138

LISY PHARMACY, CORP.

Florida Document Number: P14000003583

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

DELETE: OLUTOLA A. SOBANDE AS PT

ADD: PHILP OSONDU ADUH AS PT

DELETE: IDILSIS Manresa AS VP

These articles of amendment were adopted on 12-10-14.

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

- X-Sobande, Olutola P.D.  
Signature

OLUTOLA A. SOBANDE (PT)  
Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED  
SECRETARY OF STATE  
FLORIDA  
REGISTRATION  
DEPARTMENT  
TREASURER  
RECESSIONS

14 DEC 17 AM 10: 19

H14000290138