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(Bu	siness Entity Name)			
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TENDER CARE MEDICAL-CITRUS, INC. DOCUMENT NUMBER: P 140000 84557 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BERNADETTE GERBER
Name of Contact Person TENDER CARE MEDICAL - CITRUS
Firm/ Company P.O. BOX 5159
Address SPRING HILL, FL 34611
City/ State and Zip Code BGCRBCR O TENDERCARC CENTERS, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BERNADETTE GERBER at (352) 683-6895

Name of Contact Person Area Code & Daytime Telephone Number 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)

Mailing Address

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

Street Address

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

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01	
TENDER CARE MEDICA	L-CITRUS MENO STATE
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P 140000 84557	ista.
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	4
TENDER CARE MEDICAL	SERVICES OF CITRUSTHE NEW TINC
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent W/A	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered Ag	gent, 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 <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	<u>PT Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u> _	PHILIP MAZZUCD	318 BeveRLY CT
Add Remove			SPRING HILL FLORIDA 34606
2) Change	_P_	LORI MAZZUCO	14328 LeyBURNE WAY SPRING HILL
Remove 3) Change Add	<u>VP</u>	RICHARD CURRY	SPRING HILL
Remove 4) Change			FLORIDA 34608
Add Remove			
5) Change			
Remove 6) Change			
Add Remove			

stach additional sheets, if necessary). (Be specific)	
	= v
	
	NI
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	NI
(if not applicable, indicate N/A)	

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
Enective date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved 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 fo	or the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and shareholder	
Dated//	26/14	
	ector, president of other officer - if directors or officers have not been	<u></u>
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
-	PHILIP MAZZUCO (Typed or printed name of person signing)	_
-	DiRECTOR (Title of person signing)	_