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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: UNITED HE	EALTH MEDICA	L CENTER, INC.	
DOCUMENT NUMBI	ER: P1400008866	5		
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
	. <u></u>	Name of Contact Perso	n	
-	Firm/ Company			
		Address		
_		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
louis obinson		at (954	512-4140	
Name of	Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O. I	ng Address idment Section ion of Corporations 30x 6327 nassee, FL 32314	Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

UNITED HEALTH MEDICAL CENTER, INC.

(Name of Corporation as currently filed with th	ie Florida Dept. of State)	
P14000088665	h 75	
(Document Number of Corporatio	on (if known)	是 5
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adopts the following an	mendman -6
A. If amending name, enter the new name of the corporation:	<u>.</u>	P R
name must be distinguishable and contain the word "corpora" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must com	estation of the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		
Name of New Registered Agent		
(Florida	a street address)	
New Registered Office Address:	, Florida	
(0	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent—I am familial Signature of New Register	iar with and accept the obligations of the position.	

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>	<u>Name</u>	Address
1) Change	P	Glen Berman	7541 W Oakland Pk Blvd
Add			Lauderhill, FI 33319
Remove			AND TO A STATE OF THE STATE OF
2) Change	Р	Louis Obinson	7541 W Oakland Pk Blvd
Add			Lauderhill, FI 33319
Remove			
3) Change	VP	Edison Jules	7541 W Oakland Pk Blvd
Add			Lauderhill, Fl 33319
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	If amending or adding additional Arti	icles, enter change(s) here:
provisions for implementing the amendment if not contained in the amendment itself:	(Attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	provisions for implementing the ame	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption: Dec 1, 2014	, if other than the
date this document was signed.	
Effective date if applicable: Dec 1, 2014	
(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)	
(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 dec 1, 2014	
Signature Mark Min	
(By a director, president or other officer - if directors or officers have not been	
elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Louis Obinson	<u></u>
(Typed or printed name of person signing)	
Pres (Title of person signing)	
(/ - // / (Title of person signing)	