|                   | Florid  | a Department of State<br>ivision of Corporations<br>tronic Filing Cover Sheet  |
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|                   | number (shown below) on   | ge and use it as a cover sheet. Type the fax audit<br>the top and bottom of all pages of the document.   |
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|                   | To:<br>Division of C<br>Fax Number<br>From:<br>Account Name<br>Account Numbe<br>Phone<br>Fax Number | : (850)617-6380 5<br>7   |
|                   | **Enter the email address<br>annual report mailing<br>game Email Address:                           | for this business entity to be used for future in the second seco |
| RECEIVED          | *   | TATE/CORRECT OR O/D RESIGN<br>EALTH CARE SERVICES, INC   |
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| is Articles of Incorporation:<br>A. If amending name, enter the new name of the corporation:<br>name must be distinguishable and contain the word "corporation," "company," or "inc<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional cor-<br>word "chartered," "professional association," or the abbreviation "P.A."<br>B. Enter new principal office address, if applicable:<br>(Principal office address <u>MUST BE A STREET ADDRESS</u> )<br>C. Enter new mafting address, if applicable:<br>(Mailing address <u>MAY BE A POST OFFICE ROX</u> )<br>I 8106 SW 145 AVE<br>MIAMI, FL 33177<br>D. If amending the registered agent and/or registered office address:<br>Name of New Registered Agent<br>New Registered Qffice Address:<br>New Registered Qffice Address:<br>New Registered Qffice Address:<br>Name of New Registered Agent<br>New Registered Qffice Address:<br>Name of New Registered Agent<br>New Registered Agent's Signature, if changing Registered Agent:  | H15000122781   |
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| Articles of Incorporation<br>of<br>PRIMARY HEALTH CARE SERVICES, INC<br>(Name of Corporation as currently filed with the Florida I<br>P15000012017<br>(Document Number of Corporation (if known)<br>Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporations</i><br>A Hamending name, enter the new name of the corporation, " company," or "the<br>"corp.," or Co.," or the designation "Carp." "Inc.," or "Cor". A professional cor<br>word "chartered." "professional association," or the abbreviation "P.A."<br>B. Enter new principal office address. if applicable:<br>(Mailing address MUST BE A STREET ADDRESS)<br>C. Enter new mailing address. if applicable:<br>(Mailing address MAY BE A POST OFFICE & OX)<br>II amending the registered agent and/or the new registered office address:<br>Name of New Registered agent<br>Name of New Registered Agent<br>New Registered Office Address:<br>New Registered Office Address:<br>MIAMI, FL 33177<br>(City)<br>New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar with and accept the obliga   |  |
| of       (Name of Corporation as currently filed with the Florida         PIS000012017       (Document Number of Corporation (if known)       Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation       A If amending name, enter the new name of the corporation:       A If amending name, enter the new name of the corporation:       A If amending name, enter the new name of the corporation:       areas must be distinguishable and contain the word "corporation," "company," or "inc," or "Co." A professional corword "chartered " "professional association," or the abreviation "P.A."       B. Enter new principal office address. If applicable:       (Mailing address MUST BE A STREET ADDRESS)       MIAMI, FL 33177       C. Enter new maffing address, if applicable:       (Mailing address MAY BE A POST OFFICE ROX)       Istock of the new registered office address in Florida, enter the new registered agent and/or the new registered office address in Florida, enter the new registered agent and/or the new registered office address;       Name of New Registered Agent:       New Registered Agent's Signature, if changing Registered Agent:       New Registered Agent's Signature, if changing Registered Agent:       New Registered Agent's Signature, if changing Registered Agent:       New Registered Agent's Signature, if chang   | 20   |
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| (City)<br><u>New Registered Agent's Signature, if changing Registered Agent:</u><br>I hereby accept the appointment as registered agent. I am familiar with and accept the obliga   |  |
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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 = CharfExecutive Officer; CFO = Chlef Financial Officer If an officer/director holds more than one title, list the first letter of each officeheld. 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        | 1    |             |                  |
|--------------------------------------|--------------|-----------------|------|-------------|------------------|
| X Remove                             | <u>v</u>     | <u>Mike Jon</u> | es   | · ·         |                  |
| <u>X</u> Add                         | <u>sv</u>    | Sally Smi       | ith  |             |                  |
| <u>Type of Action</u><br>(Check One) | <u>Title</u> | 2               | Name |             | <u>Addres</u> s  |
| 1) Change                            | P            | _ :             | ROEI | A GONZALEZ  | 18106 SW 145 AVE |
| X Add                                |              | ,               |      |             | MIAMI, FL 33177  |
| Remove                               |              |                 |      |             |                  |
| 2) Change                            | P            |                 | JORG | E L VALDEZ  | 18106 SW 145 AVE |
| Add                                  |              |                 |      |             | MIAMI, FL 33177  |
| X Remove                             |              |                 |      |             |                  |
| 3) Change                            |              | <b>_</b> _      |      |             |                  |
| Add                                  |              |                 |      |             |                  |
| Remove                               |              |                 |      |             |                  |
| 4) Change                            |              |                 |      |             |                  |
| Add                                  |              |                 |      |             |                  |
| Remove                               |              |                 |      |             |                  |
|                                      |              |                 |      |             |                  |
| 5) Change                            |              |                 |      |             | ·                |
| Add                                  |              |                 |      |             |                  |
| Remove                               |              |                 |      |             |                  |
| 6) Change                            |              | _               |      |             |                  |
| Add                                  |              |                 |      |             |                  |
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## #3268 P. 004/005

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| n amendment provides for an exchange.     | reclassification, or cancellation of issued shares,   |
| ovisions for implementing the amendme     | reclassification, or cancellation of issued shares,<br>at if not contained in the amendment itself; |
| (if not applicable, indicate N/A)         |   |
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| The date of each amendm                                | 03/0   | 5/2015  | er than the |
| date this document was sign                            |  | , i va  |             |
| Effective date <u>if applicabl</u>                     | <u>e</u> :   | (no more than 90 days after amendment file dute)  | -           |
| Note: If the date inserted document's effective date ( | in this block does not<br>on the Depertment of S                         | i meet the applicable statutory filing requirements, this date will not be litate's records.  | sted as the |
| Adoption of Amendment(                                 | (s) ( <u>CHE</u>   | CK ONE)   |             |
| The amendment(s) was/<br>by the shareholders was       | wore adopted by the sh<br>s/were sufficient for ap                       | nareholders. The number of votes cast for the amendment(s) proval.  |             |
|  |  | shareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):                                       |             |
| "The number of v                                       | otes cast for the amend  | ment(s) was/were sufficient for approval  |             |
| bу   |  | "<br>8 group)   |             |
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| The amendment(s) was/<br>action was not required.      |  | pard of directors without shareholder action and shareholder  |             |
| The amendment(s) was/<br>action was not required.      |  | corporators without shareholder action and shareholder  |             |
| 03<br>Dated  | 3/05/2015  |   |             |
| Signatur   | e Qar  |   |             |
| -  | (By a director, presid<br>selected, by an incon<br>appointed fiduciary b | ent or other officer – if directors or officers have not been<br>porator – if in the hands of a receiver, trustee, or other court<br>by that fiduciary) |             |
|  | ROEL A GO  | NZALEZ  |             |
|  | т)   | yped or printed name of person signing)   | -           |
|  | PRESIDENT  | r l   |             |
|  |  | (Title of person signing)   | -           |
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