# P16000054417

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SECRETARY OF STATE OF STATE OF CORPORATE STATE OF CORPORATE STATE OF STATE

MAY S. S. SOUR

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: _ION HEALT	HCARE SOLUTIONS	INC.
DOCUMENT NUMB	ER: <u>P16000054417</u>		-
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		JOSEPH NOEL	
-	Name of Contact Person		
	ION PHYSICAL THERAPY		
-	Firm/ Company		
	1207 North Franklin Street, #325,		
-	Address		
	Tampa, FL 33602		
-	City/ State and Zip Code		
		:	
	E-mail address: (to be us	j.noel@ionptnetworl sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
	Joseph Noel	at ( <u>813</u>	) 505-9328
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

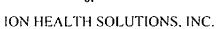
Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

BIVISION OF CORPORATION

# Articles of Amendment Articles of Incorporation



# (Name of Corporation as currently filed with the Florida Dept. of State)

### P16000054417

(Document Number of Corporation (if known)

ent(s) to

s. If amending name, enter the new name of the corporati	ion: The
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbreviola. B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	poration," "company," or "incorporated" or the abbre," or "Co". A professional corporation name must conta iation "P.A."  [] [] [] [] [] [] [] [] [] [] [] [] [] [
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NA
If amending the registered agent and/or registered office and/or the new registered office as	
Name of New Registered Agent	VV/P1
New Registered Office Address:	orida street address)  (City)  , Florida  (Zip Code,
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far	
hereby accept the appointment as registered agent. I am far	

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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	— N. P.	
Add	,	
Remove		
2) Change		
Add		-
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change	<del></del>	
Add		
Remove		

E. <u>If amending or addi</u> (Attach <i>additional she</i>	ing additional Articles, enter change(s) here: eets. if necessary). (Be specific)
We are authorizing	ng 187.50 additional shares to be issued to the 1000 current outstanding shares that
filed with the star	ite of Florida. Making the total outstanding shares 1187.50.
•••	
· · · · · · · · · · · · · · · · · · ·	
·	
<u> </u>	
***	
provisions for impl	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself:
	ole, indicate N/A)
N/A	

The date of each amendment(s)	adoption: 5/17/18	_, if other than the
late this document was signed.		-
Effective date <u>if applicable</u> :	5/17/18	
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☑ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. So each voting group entitled to vote separately on th	The following statement e amendment(s):
"The number of votes ca	ist for the amendment(s) was were sufficient for appro	oval
hy	(voting group)	·"
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder actic	on and shareholder
Dated 5/	17/18	
	On-l	
Signature	a director, president or other officer - if directors or o	Micers have not been
(15 <u>y</u> Sele	eted, by an incorporator – if in the hands of a receiver.	, trustee, or other court
	ointed fiduciary by that fiduciary)	
	Joseph Noel	
	(Typed or printed name of person signi	ing)
	President	
	(Title of person signing)	