

# P17 000080953

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

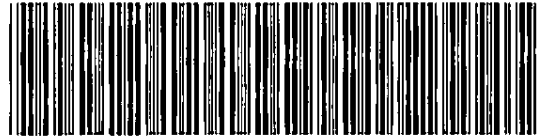
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900363600809

*Amend*

04/14/21--01009--026 \*\*43.75

FILED  
2021 APR 14 PM 12:36

JUN 9 2021  
A RAMSEY

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Pharmact Healthcare Inc.

DOCUMENT NUMBER: P17000080953

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Severine Bandou

Name of Contact Person

Pharmact Healthcare Inc.

Firm/ Company

18 Campus Boulevard Suite 100

Address

Newtown Square, PA 19073 US

City/ State and Zip Code

severine.bandou@pharmact.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Severine Bandou at ( 484 ) 5570569  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$ 43.75 Filing Fee<br>& Certificate of<br>Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2021 APR 14 PM 12:36

Pharmact Healthcare Inc.

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

P17000080953

(Document Number of Corporation (if known))

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

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

18 Campus Boulevard Suite 100

Newtown Square, PA 19073 US

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

18 Campus Boulevard Suite 100

Newtown Square, PA 19073 US

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street 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 with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, 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 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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>      </u> Change	<u>SD</u>	<u>Rolf-Peter Milczarek</u>	<u>3030 N. Rocky Point Dr. Ste 150A</u>
<u>      </u> Add			<u>Tampa, FL 33607 US</u>
<u>x</u> <u>      </u> Remove			
2) <u>      </u> Change	<u>TD</u>	<u>Tony Rodriguez</u>	<u>3030 N. Rocky Point Dr. Ste 150A</u>
<u>      </u> Add			<u>Tampa, FL 33607 US</u>
<u>x</u> <u>      </u> Remove			
3) <u>      </u> Change	<u>S</u>	<u>Gunther Burgard</u>	<u>3030 N. Rocky Point Dr. Ste 150A</u>
<u>x</u> <u>      </u> Add			<u>Tampa, FL 33607 US</u>
<u>      </u> Remove			
4) <u>      </u> Change	<u>C</u>	<u>Eric Schaber</u>	<u>3030 N. Rocky Point Dr. Ste 150A</u>
<u>x</u> <u>      </u> Add			<u>Tampa, FL 33607 US</u>
<u>      </u> Remove			
5) <u>      </u> Change	<u>CEO</u>	<u>Severine Bandou</u>	<u>3030 N. Rocky Point Dr. Ste 150A</u>
<u>x</u> <u>      </u> Add			<u>Tampa, FL 33607 US</u>
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

[illegible]

---

---

---

---

---

---

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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)

☒ 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.

3/30/2021  
Dated \_\_\_\_\_

Signature  \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Severine Bandou

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO

\_\_\_\_\_  
(Title of person signing)