P92000015515

| | | • |
|---------------------------|-------------------|-----------|
| (Re | questor's Name) | |
| (Add | dress) | |
| (Add | dress) | |
| | | |
| (City | y/State/Zip/Phone | ÷#) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |





100188524581

12/13/10--01025--013 **52.50

PILED

2010 DEC 13 PM 1: 04

SECRETARY OF STATE

Amend

TB

DEC 15 2010

COVER LETTER

*TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Ċ,

| NAME OF CORPORATION: | Bankers Healthcare Group, Inc. | |
|--|--|-------------|
| DOCUMENT NUMBER: | P92000015515 | |
| The enclosed Articles of Amendment a | nd fee are submitted for filing. | |
| Please return all correspondence concer | rning this matter to the following: | |
| | Christopher J. Cali, Esq. | |
| | Name of Contact Person | |
| E | Bankers Healthcare Group, Inc. | |
| | Firm/ Company | |
| | 325 James Street | |
| | Address | |
| | Syracuse, New York, 13203 | |
| · | City/ State and Zip Code | |
| E-mail address: (| louise@bhg-inc.com to be used for future annual report notification) | ; * |
| For further information concerning this | matter, please call: | • |
| Christopher J Cali | at (315) 671-4115 | |
| Name of Contact Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following ar | nount made payable to the Florida Department of State | : : |
| \$35 Filing Fee \$43.75 Filing Fee Certificate of Sta | tus Certified Copy Certificate (Additional copy is enclosed) Certified C | of Status |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Section Division of Corporations Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

| 2010 DFC | ILED |
|----------|----------------------------------|
| | 13 PM 1: 04 YOF STATE EE. FLORIG |
| | E. FLORIS |

Bankers Healthcare Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P92000015515 $u_{U_{A}}$ (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|---|----------------------|
| | N/A | | |
| | | | Remove |
| | N/A | | |
| | | | |
| | N/A | | |
| | | | Remove |
| | | • | |
| | additional sheets, if necessary | Articles, enter change(s) here: (Be specific) | |
| Article I\ | /: Capital Stock | | |
| | | ssue 500 shares of \$1.00 Par Value | e Common Stock |
| | | | |
| | | | |
| | | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | exchange, reclassification, or cancellatio | |
| | | mendment if not contained in the ameno | <u>lment itself:</u> |
| (1) | not applicable, indicate N/A) | | |
| N/A | | | |
| 14// | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: <u>12/1/10</u> |
|--|---|
| Effective date if applicable: | (date of adoption is required) |
| <u></u> | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/wei | re approved by the shareholders through voting groups. The following statemer d 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) |
| action was not required. The amendment(s) was/wer | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder |
| action was not required. | |
| Dated | 12/7/10 |
| Signature | |
| (By selec | a director, president or other officer — if directors or officers have not been eted, by an incorporator — if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | Chairman / CEO (Title of person signing) |