P93000076021

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TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: The Health Bas	sket, Inc.	
DOCUMENT NU	MBER: P93000076021		a
The enclosed Artic	eles of Amendment and fee a	re submitted for filing.	
Please return all co	prespondence concerning the	is matter to the following:	
	Floyd M. Fincher		
1	(Name	of Contact Person)	
	Oasis Health, Inc		
***************************************	(Fi	rm/ Company)	
	37901 Lake Dalho	usie Dr.	
		(Address)	
v	Eustis, F1 32736		
	· •	tate/ and Zip Code)	
For further informa	ation concerning this matter,	please call:	
Floyd M. Fi		at (352) 589-91	
(Name	e of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check	k for the following amount:		
□ \$35 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)
Am Div P.O	ting Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address Amendment Sec Division of Cor 409 E. Gaines S Tallahassee, FL	ction porations treet

Articles of Amendment to Articles of Incorporation of

The Health Basket, Inc.		
(Name of corporation as currently filed with the Florida Dept. of State)	
P93000076021		
(Document number of corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> adopts the following amendment(s) to its Articles of Incorporation:	ofit Corporation	
NEW CORPORATE NAME (if changing):	OFFICIAL ME	34
Oasis Health, Inc		
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., (A professional corporation must contain the word "chartered", "professional association," or the	" "Inc.," or "Co.") sabbreviation "P.A.")	
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)	Article Number(s)	
NO OTHER CHANGES		
		P/0 C
		100
		CRETARY I AHASSE
		RY SSE
		<u> </u>
		STA STA
	**************************************	3 7
(Attach additional pages if necessary)		
If an amendment provides for exchange, reclassification, or cancellation of issue for implementing the amendment if not contained in the amendment itself: (if not	d shares, provision applicable, indicate N	is /A)

(continued)

The date of each amendment	(s) adoption: 9-1-04
Effective date if applicable:	10-1-04
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The transit be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
,	(voting group)
	was/were adopted by the board of directors without shareholder action ion was not required.
☐ The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
Signed this 1ST day of	SEPTEMBER , 2004
select	director, president or other officer - if directors or officers have not been led, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
FL	OYD M. FINCHER
	(Typed or printed name of person signing)
ov	VNER, PRESIDENT, AND CEO
-	(Title of person signing)

FILING FEE: \$35