600000047G

(Requestor's Name)	· ·	
(Address)	_	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
D DIOKUB D WAIT D MAII	1	
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
*		
(Document Number)	-	
ertified Copies Certificates of Status		
Special Instructions to Filing Officer:	7	
		1
		4
		1
		٠.

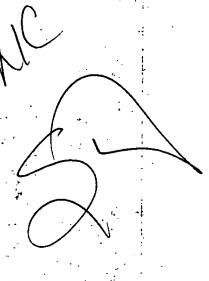


6 2210



300182329313

06/21/10--01052--012



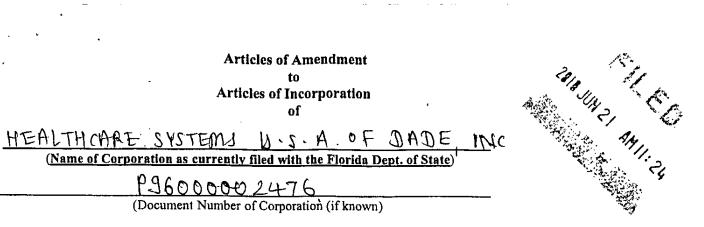
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: HEALTHCH	ARE SYSTEMS U.S	M , a CAC TO . A .
DOCUMENT NUM	1BER: <u>P9600</u>	10002476	
The enclosed Article	es of Amendment and fee ar	re submitted for filing.	
Please return all corn	respondence concerning this	s matter to the following:	
- -	MAVIN A	ATTENTA. ame of Contact Person	
	[83]s.	Firm/ Company	
_	2010 NE	45 th street.	
_	Fort Lunderso	tale FL 33308/ Ty/ State and Zip Code	
<u> N</u>	ACH ARY A (d) UNISO E-mail address: (to be used	URCEINC ORD	
For further informat	ion concerning this matter,	please call:	
Name o	Achanya f Contact Person	at (954) 616-60 Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Departr	ment of State:
\$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)
Mailing Add Amendment Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	·

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Flo	rida Profit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
MOUNT AU	BURN INC.	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if appl	icable:	
(Principal office address <u>MUST BE A STREET</u>	TADDRESS)	
		OFFICE TO SEE
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX)	
D. If amending the registered agent and/or re		Florida, enter the name of the
new registered agent and/or the new regis	tered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ad	ldress)
_		, Florida
	(City)	, Florida, Florida
New Registered Agent's Signature, if changin	g Registered Agent:	
I hereby accept the appointment as registered ag		d accept the obligations of the position.
Si	ionature 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>	Name	Address	Type of Action
			□ n
			Add Remove
	nding or adding additional Art additional sheets, if necessary).		
		change, reclassification, or cancella endment if not contained in the am	
	not applicable, indicate N/A)		

The date of each amendment(s) adoption:	TUNE 18, 2010	
Effective date if applicable:	date of adoption is required) INE 18, 200	
	nys after amendment file date)	
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.	
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval	
by		
(voting group)		
The amendment(s) was/were adopted by the bo action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder	
Dated 0-6 15-10.		
Signature		
selected, by an incorpor	or other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by t	hat fiduciary)	
MAUL	J ACHARYA	
(Typed	or printed name of person signing)	
Dir	ector.	
(Title of person signing)		