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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	iment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

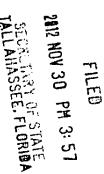
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12/3/12

COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPORA	_{DON:} MEDICAL F	PRIORITY, INC.	
DOCUMENT NUMBER	121		
The enclosed Articles of	4mendment and fee are sul	omitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
В	OBBY L. SHIEL	DS, ESQ.	
_		Name of Contact Person	
	350 NW 36 AVE	Firm/ Company	
	330 INVV 30 AVE	Address	
	OCONUT CREE		
	OCCINOT CIVE	City/ State and Zip Code	
BOB		ELLSOUTH.NE	
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	oncerning this matter, pleas	e call:	
BOBBY L. SHI	ELDS	at (954	, 263-0841
Name of C	Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	rtment 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)
Amend Divisio P.O. Bo	ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

MEDICAL PRIORITY, INC.

2812 NOV 30 PM 3: 57

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

P96000025711

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Page 1 of 4

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) : Change	V	_	JOSEPH DI CAPUA	398 MOHAWK LANE
X Add				BOCA RATON, FL
. Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add	,			
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
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<i>i</i> *			
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		cancellation of issued shares.	
f an amendment provides for an excl	lange, reclassification, or o		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or on the industrial industria	the amendment itself:	
provisions for implementing the ame	nange, reclassification, or on a nament if not contained in		
provisions for implementing the ame	nange, reclassification, or an ange, reclassification, or an angle of the angle of	the amendment itself:	
provisions for implementing the ame	nange, reclassification, or an ange, reclassification, or an angel in a second and a second and a second and a		
provisions for implementing the ame	ange, reclassification, or an ange, reclassification, and reclassifi		
provisions for implementing the ame	nange, reclassification, or an ange, reclassification, and reclassification,		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or an ange, reclassification, and reclassification,		

The date of each amendment(s) a	adoption: NOVEMBER 28, 2012
Effective date if applicable:	OVEMBER 28, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated NOVE	EMBER 28, 2012
soloct	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	JOSEPH DI CAPUA
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)