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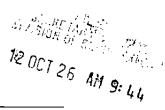
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	LOVING Care	Primary Medical	Care Service INC
DOCUMENT NUME	BER: P9600006754	7	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	PETER E HADEE	ED MD	
		Name of Contact Person	
	Loving Care Prim	ary Medical Car	e Service INC
		Firm/ Company	
	7445 NW 57TH A	VE.	
		Address	
	MIAMI, FL 33319		
		City/ State and Zip Code	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
Peter E Hade	eed MD	at (954	7262262
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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)
Ame Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Loving Care Primary Medical Care Services Inc

(Name of Corporation as currently filed with the Florida Dept. of State) P96000067547 (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: Loving Care Primary Medical Services Inc 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." 7445 NW 57th Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tamarac, FL 33319 C. Enter new mailing address, if applicable: 7445 NW 57th Street (Mailing address MAY BE A POST OFFICE BOX) Tamarac, FL 33319 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 (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 attdress 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add		-	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
I/A	
	·
*	
·· ······	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
1/A	
*/^	The state of the s

	10/15/2017
The date of each amendment(s) ad	· •
Effective date <u>if applicable</u> : U9/	/25/2012 /
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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.	pted by the board of directors without shareholder action and shareholder
action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 10/15/2	2012 Ver Kesed
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Peter E Hadeed M.D.
	(Typed or printed name of person signing)
	President
	(Title of person signing)