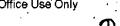
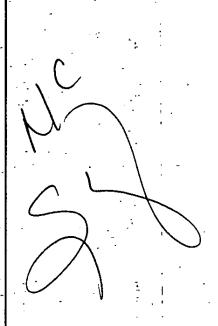
,
(Address)
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(Document Number) Certified Copies Certificates of Status
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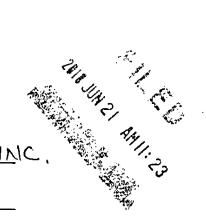
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HEALTHCARE SYSTEMS U.S. A. DISTRET 6 IN C
DOCUMENT NUMBER: P970000 47269
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Naviv Achang Name of Contact Person
Firm/ Company
2010 NE 45th Street. Address
Fort Lunderdale FL 33358. City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 616-6014 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HEALTHCARE SYSTEMS U.S. A. DISTRICT 6 INC (Name of Corporation as currently filed with the Florida Dept. of State)

P97000047269

(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 o	f the corporation:	
BOYLSTON	1 THC	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro-	the word "corporation," "c e designation "Corp," "Inc,"	or "Co". A professional corporation
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI D. If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered.	registered office address in I	lorida, enter the name of the
Name of New Registered Agent:	Stered diffee address.	
New Registered Office Address:	(Florida street add	Press)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered o		accept the obligations of the position.
	Signature of New Registered A	lgent, 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
			Add Remove
			Add Remove
			
E. If amen (attach a	ding or adding additional Article dditional sheets, if necessary). (1	s, enter change(s) here: Be specific)	
provisi	mendment provides for an excha ions for implementing the amend not applicable, indicate N/A)		

The date of each amendment(s) adop				
Effective date if applicable:	(date of adoption is required) JUNE 18, 2010.			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.			
The amendment(s) was/were approx must be separately provided for each	ved by the shareholders through voting groups. The following statemen h voting group entitled to vote separately on the amendment(s):			
"The number of votes cast for t	he amendment(s) was/were sufficient for approval			
by(voting	1)			
(voting	group)			
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder			
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder			
Dated 06/15	10.			
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)			
	(Typed or printed name of person signing)			
	(13 beg of bruned frame of berson signing)			
	Director.			
	(Title of person signing)			