

Charter Number Only

P9900000023/83

VALIDATION ONLY

Requestor Name

Address

City

State

ZIP

Phone

BROW

700003929297--9
-03/28/01--01015--006
*****35.00 *****35.00

CORPORATION(S) NAME

Med-Care Pharmacy Inc.

Amend

FILED
01 APR 15 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name	4/5/01
Availability	
Document	NR
Examiner	
Updater	NR
Verifier	
Acknowledgment	
W.P. Verifier	

XE00789,00542,0062

RECEIVED
01 MAR 28 AM 9:30
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 28, 2001

EMPIRE

MIAMI, FL

SUBJECT: MED-CARE PHARMACY INC.
Ref. Number: P99000023183

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR -5 AM 9:32
NOT WITHHELD
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for MED-CARE PHARMACY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

If you have any questions concerning the filing of your document, please call (850) 487-6907.

Annette Ramsey
Corporate Specialist

Letter Number: 401A00018634

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR -5 AM 9:32
NOT WITHHELD
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

FILED
01 APR -5 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MED-CARE Pharmacy INC.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article II - Principal Office (mailing address)
65 NE. 3rd AVE
DEERFIELD BEACH, FL 33441

Article III - Shares

Amend From 100 to 1000 shares

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: March 23, 2001

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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."

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 23rd day of March, 2001

Signature  (President)
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Amgad Girgis
Typed or printed name

President / Director
Title