P99000023183

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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Med-Care Pharma	cy Inc.	
DOCUMENT NUM	BER: P99000023183		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Jordan Hahn		
		Name of Contact Persor	
	Med-Care Pharmacy Inc.		
		Firm/ Company	
	1052 S Powerline Rd		
	Address		
	Deerfield Beach, FL 33442		
		City/ State and Zip Code	2
jord	an@yourvaluemed.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Jordan Hahn		at (866	394-6989
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	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)
Ar Di P.G	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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tate)		600

Med-Care Pharmacy Inc. (Name of Corporation as currently filed with the Florida Dept. of St P99000023183

ent(s) to

(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
Med-Care Medical Inc.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u> </u>
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	it:
The cost accept the appointment as registered agent. I am jamilian	with and accept the obligations of the position.
(1)	

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 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 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	N/A		
Add			
Remove			
2) Change			
Add	-		
Remove			
3) Change			
Add			
Remove			
1) CL			
4) Change			
Add Remove			
Kemove			
5) Change		- -	
Add			
Remove			
6) Change			
, Add			
Remove			

E. If amending or adding additional (Attach additional sheets, if necessar	Articles, enter change(s) here: ry). (Be specific)
	ry). (De specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
	· <u> · · · · · · · · · · · · · · · · ·</u>
	
F. If an amendment provides for an	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the (if not applicable, indicate N/	amendment if not contained in the amendment itself:
N/A	A)
1977	

The date of each amendment(s) late this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shar	eholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehol	der
03/13/20	18	
Dated	hyltms Po	
selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or other	
аррс	inted fiduciary by that fiduciary)	
	Amgad Girgis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	