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TALLAHASSEE. FLORIDA

PR 1/6/14

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Specialists In Primary Healthcase, Inc.
DOCUMENT NUMBER: S22031
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tejvir S. Chadha Ms  Name of Contact Person  Specialists In Arimary Health cure, Inc.  Firm/ Company  5030 Mason Carbin Ct.  Address  Fort Myers FL 33907  City/ State and Zip Code  TJCHASHA © aol. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tejur S. Chadla at (239) 994-2968  Name of Contact Person 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  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  \$43.75 Filing Fee & \$\$52.50 Filing Fee Certificate of Status  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

to
Articles of Incorporation
of

FILED

2014 JAN 10 PH 4: 35

Specialists In Health (are  (Name of Corporation as currently filed with the Flo	SECULIARY OF STATE  rida Dept. of State) TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Flo	rida Dept. of State) TALLAMAGGET
(Document Number of Corporation (if )	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	,
A. If amending name, enter the new name of the corporation:  Specialists In Primary name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation  o". 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 address new registered agent and/or the new registered of fice address:  Name of New Registered Agent  Name of New Registered Agent	s in Florida, enter the name of the
New Registered Office Address: N/A (City)	address) Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit  Signature of New Registered Agent	

## 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> <u>Joh</u>	nn Doe		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	•	<u>Addres</u> s
1) Change		N/A		
Add		·		
Remove		,		
2) Change		NA		
Add		1		
Remove 3) Change		NA		
Add		· · ·		
Remove		ſ		
4) Change		NA		
Add				
Remove		1		
5) Change		NA		
Add				
Remove				
6) Change		NA	<del></del>	
Add				
Remove				

E. <u>If</u> (A	amending or adding add ttach additional sheets, if	litional Articles necessary). (I	Be specific)				
	1						
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			··· <u> </u>	•			
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		<del></del>		···	<del></del>		
	<u> </u>	*	<del></del>				
F. <u>If</u> I	an amendment provides provisions for implement (if not applicable, inch	ing the amendricate N/A)	nent if not c	ontained in the	ellation of issue amendment its	d shares, elf:	
	~ /V / / /			<del></del>		· <del>=</del> ·	
		-					
					<del></del>	<del></del> -	
	· <u>-</u>		<del></del>				
			. <u>-</u>			<del></del>	
					<del></del>		

The date of each amendment(s) adoption: 1-1-2014 date this document was signed.	, if other than the
Effective date if applicable: /-/- 20/4	<del></del>
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders 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 east 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.	
Dated	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Teivir S. Chadha	
(Typed or printed name of person signing)	
Telvir S. Chadha (Typed or printed name of person signing)  President.	
(Title of person signing)	_