

P98000022998

Fundamental Care
1880 NE 163rd Street, N Miami Beach, FL 33162

April 6, 1999

200002833222--7
-04/08/99--01062--009
*****43.75 *****43.75

Division of Corporations
409 E Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Enclosed please find our check for \$43.75 which pays the \$35.00 fee for filing an Amendment to the Articles of Incorporation and \$8.75 for a certified copy.

I do understand that the turn around time is 3-5 days. Please send the certified copy to the above address.

Thank you very much for your help and kindness over the phone.

Sincerely,



Robert Rosen

NC
4-14-99
DHS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR -8 PM 1:52

FILED

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
PERSONAL TOUCH NURSING, INC.**

The undersigned, President and Secretary, acknowledge and file in the office of the Secretary Of State in the State Of Florida, for the purposes of amending its Articles Of Incorporation, in accordance with the laws of the State Of Florida, these Articles Of Amendment, as by law provided.

I.

The name of the corporation is PERSONAL TOUCH NURSING, INC.

II.

The corporation intends to change its name by amending the first sentence of Article I of its Articles Of Incorporation, as follows.

ARTICLE I: The name of this corporation shall be

FUNDAMENTAL CARE, INC.

III.

The amendment was adopted at a meeting of the shareholders duly called and held on April 2, 1999. The Amendment was approved by the shareholders and the number of votes cast for the amendment was sufficient for approval.

THIS INSTRUMENT
PREPARED BY:

Jacob Fishman, Esq.
1455 NW 14th St.
Miami, Fla. 33125
305-324-7700
Fla. Bar No.: 213977

IV.

All other provisions of the Articles Of Incorporation shall remain in full force and effect.

Subscribed at Miami, Florida this 7th day of April, 1999.

Personal Touch Nursing, Inc.

BY: Ronnee Rosen
Ronnee Rosen, President and Secretary

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Before me, the undersigned authority, authorized to administer oaths and take acknowledgment, personally appeared Ronnee Rosen as President and Secretary of PERSONAL CARE NURSING, INC. a corporation organized under the laws of the State Of Florida, (x) who is personally known to me, or () who presented _____ as identification and who first being duly sworn and under penalties of perjury executed the same for the purposes therein expressed as the act and deed of said corporation.

WITNESS my hand and official seal in the County and State aforesaid this 7th day of April, 1999.

[SEAL]

Paula Burdelsky
Notary Public
State of Florida at Large
Print Name Paula Burdelsky
Commission No. CC635104



Paula Burdelsky
MY COMMISSION # CC635104 EXPIRES
April 1, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

ArtAmend