

LO3000042320

CAKE FOR ALL Medical Rehabilitation  
5460 North State Road 7  
Suite 112  
North Lauderdale, Florida 33319

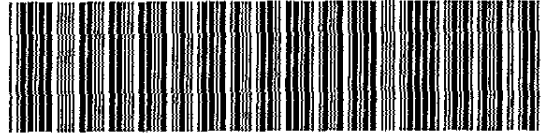


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Certified Copy

Certificates of Status



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Special Instructions to Filing Officer:

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amended

LO3-42320

Office Use Only

FILED  
04 FEB -4 PM 1:05  
FEB 4 2004  
FEB 4 2004

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

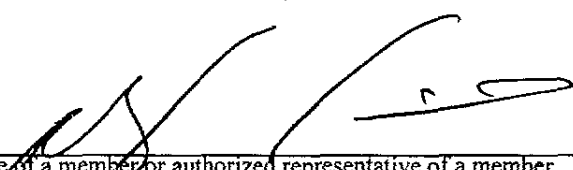
CARE FOR ALL Medical Rehabilitation, LLC.  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The date of filing of the articles of organization was NOV 3, 2003.

**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

MR MAXEL Altidor Residing at 1429 North Dixie Highway  
Apt A Fort Lauderdale, FL 33305 US. has resigned his  
position as manager in the company and he is being  
Replace By MARIE ULYSSE Residing at 1311 South  
West 11<sup>th</sup> Terrace Deerfield Beach, Florida 33441. Her  
Social Security is 589-11-2838 and D.O.B. 03-18-74.

Dated January 2, 2004.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Roofs Pierre  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

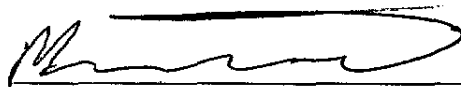
AFFIDAVIT OF RESIGNATION OF MEMBER

STATE OF FLORIDA  
COUNTY OF BROWARD

I, Maxel Altidor after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Maxel Altidor, hereby resign as a member of CARE FOR ALL MEDICAL REHABILITATION LLC., a Florida Corporation;

That the corporation has been notified in writing of the resignation.

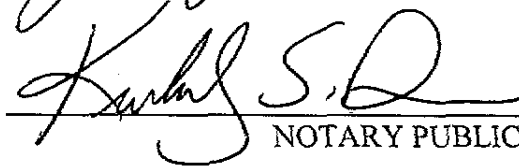


Signature of Resigning Member

Sworn to and subscribed before me this 30<sup>th</sup> day of January 2004



Kimberly S. Daise  
MY COMMISSION # DD020635 EXPIRES  
April 25, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

FILED  
04 FEB -4 PM 1:05  
TALLAHASSEE, FLORIDA