005682 Mayra DE LA Paz led pro 330 SW 27 Ave ste. 401 Miani, FL. 33135 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) -03/26/02--01010--002 *****35.00 *****35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Photocopy ☐ Mail out Certificate of Status ☐ Will wait **AMENDMENTS** NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other V SHEPARD MAY 3 0 2002 **Examiner's Initials**

CR2E031(7/97)



منتاه للتالة بالمتهاجية

April 1, 2002

MED PRO 330 SW 27 AVE. MIAMI, FL 33135

SUBJECT: MED PRO SPECIALIST REHABILITATION, INC.

Ref. Number: P00000056821

We have received your document for MED PRO SPECIALIST REHABILITATION, 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 date of adoption of each amendment must be included in the document.

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Letter Number: 902A00019058

Veirna Shepard Corporate Specialist

MECEIVED
02 MAY 10 AN 10: 34

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 16, 2002

MAYRA DE LA PAZ MED PRO 330 SW 27 AVE., STE. 401 MIAMI, FL 33135

SUBJECT: MED PRO SPECIALIST REHABILITATION, INC.

Ref. Number: P00000056821

We have received your document for MED PRO SPECIALIST REHABILITATION, 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):

You failed to make the correction(s) requested in our previous letter.

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

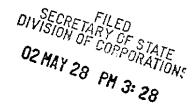
If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Corporate Specialist

Letter Number: 502A00031184

RECEIVED
02 MAY 28 AM 9: 54
PISTON OF CORPORATIONS

SWOJANO JOSO JOSO JOSO Privision of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

MED PRO SPECIALIST REHABILITATION, INC.

MED PRO SPECIALIST REHABILITATION, INC.

(present name)

POCOOOO 56821

(Document Number of Corporation (If known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida-profit eorporation 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 VII (Seven) :

The New Vice-President is Eduardo Fuentes.

The Address is 330 SW 27 Ave # 401

Miami, FL. 33135

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: il/MARCH ZOOZ
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"
Œ	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 11 day of March , 2002.
Signature_	M3
	(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)
	MAYRA DE CA PAZ (Typed or printed name)
	(Typed or printed name)
	PRESIDENT & DISOCYON