

Division of Corporations

P01000079019

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

BASIC AMENDMENT
AMERICAN HEALTHCARE STAFFING, CORP.

Certificate of Status	0
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Amendment
08/09/02

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ARTICLES OF AMENDMENT
OF
AMERICAN HEALTHCARE STAFFING, CORP.

Pursuant to the provisions of Section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment adopted: CHANGE OF ARTICLE NO. V

The Registered Agent and office shall be:

MAITE AVILA
13226 NW 8TH TERRACE
MIAMI, FL. 33182

SECOND: Amendment adopted: CHANGE OF ARTICLE NO. VI

The Board of Directors and Shareholders shall be composed by ONE (1) person, whose name and address is:

MAITE AVILA PRESIDENT - 100% SHAREHOLDER
13226 NW 8TH TERRACE
MIAMI, FL. 33182

THIRD: The date of this amendment adoption shall be August 7TH, 2002. Resting Articles of Incorporation will remain unaltered.

FOURTH: The amendments adopted were approved by the shareholder. The number of votes cast for this amendment were sufficient for approval.

Signed this 7TH day of August, 2002


MAITE AVILA
PRESIDENT

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.- The Name of the Corporation is:

AMERICAN HEALTHCARE STAFFING, CORP.

2. The name and address of the Registered Agent and office is:

**MAITE AVILA
13226 NW 8TH STREET
MIAMI, FL. 33182**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____


MAITE AVILA

DATE: _____

8/8/02

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