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07 JAN -2 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment

01/10/07

De

PREMIER
Care
NURSES
OF AMERICA



2799 NW Boca Raton Blvd.
Suite 204
Boca Raton, FL 33431

Dec 1, 2006

To: DIVISION OF CORPORATION
Amendment Section

From: Mirjana Goforth
Registered Agent
Premier Care Nurses of America, Inc.
2799 NW 2nd Ave., Ste.204
Boca Raton, FL 33431
(561) 353-9200

Re: Additions of Officers/Directors to Corporation

On December 1st, 2006 during the Board of Directors meeting it has been decided that additional Officers will be added to the Corporation:

1. Robert J. Goforth
Managing Director
9439 Bridgeport Drive
West Palm Beach, FL 33411
2. Christian E. Goforth
Secretary
9439 Bridgeport Dr.
West Palm Beach, FL 33411

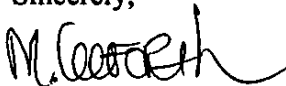
Each of these Officers will hold 2.5% ownership of the Corporation.

In addition, Stockholders of the corporation were amended:

Mirjana Goforth, President holds 95% ownership
Robert J. Goforth, Managing Director holds 2.5% ownership
Christian E. Goforth, Secretary holds 2.5% ownership

Please amend Articles of Incorporation to reflect these changes.

Sincerely,


Mirjana Goforth
President

www.premiercarenurses.com

Broward 954.933.9005 Palm Beach 561.353.9200
fax 561.353.9201

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PREMIER CARE NURSES OF AMERICA, INC.

DOCUMENT NUMBER: PO1000100755

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIRJANA COFORTH
(Name of Contact Person)

PREMIER CARE NURSES OF AMERICA, INC.
(Firm/ Company)

Premier Care Nurses of America
2799 NW Boca Raton Blvd., Ste 204
Boca Raton, FL 33431-6699

(City/ State and Zip Code)

For further information concerning this matter, please call:

MIRJANA COFORTH at (561) 317-9233
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

PREMIER CARE NURSES OF AMERICA, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

PO1000100755

(Document number of corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

- PLEASE AMEND THE OFFICERS OF THE CORPORATION BY ADDING:

① ROBERT J. GOFORTH / MANAGING DIRECTOR / RESIDING AT
9439 BRIDGEPORT DR., WEST PALM BEACH, FL 33411

② CHRISTIAN E. GOFORTH / SECRETARY / RESIDING AT
9439 BRIDGEPORT DR., WEST PALM BEACH, FL 33411

- PLEASE AMEND THE STOCKHOLDERS OF THE CORPORATION:

MIRJANA GOFORTH 95% OWNERSHIP

ROBERT GOFORTH 2.5% OWNERSHIP

CHRISTIAN GOFORTH 2.5% OWNERSHIP

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 12/1/06

Effective date if applicable: 12/1/06
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast 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 cast 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.

Signature

Mirjana Goforth

(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)

MIRJANA GOFORTH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35