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PROFESSIONAL CARE DIAGNOSTIC, INC.

Certificate of Status	0
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3/31/2006

N/A

Articles of Amendment to Articles of Incorporation of PROFESSIONAL CARE DIAGNOSTIC, INC.	SECRE!	06 MAR	<u> </u>
(Name of corporation as currently filed with the Florida Dept. of State)	SS	ယ	
P02000046115	SSEE, FI	PH 12	
(Document number of corporation (if known)	ORIO	 €	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpo</i> adopts the following amendment(s) to its Articles of Incorporation:	ration		

NEW CORPORATE NAME (if changing):

	corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	NTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) Title(s) being amended, added or deleted: (BE SPECIFIC)
delete:	Manuel A. Diaz, Registered Agent/P/VTS
	7160 NW 179 Street, Apt. 110 Miami, Florida 33015
add:	Josefa Reynaldo, Registered Agent/President
	7821 Coral Way, #127 Miami, Florida 33135
add:	Manuel A. Diaz, Vice-President 7821 Coral Way, #127
	Miami, Florida 33135
	
···-	(Attach additional pages if necessary)

(continued)

for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	March 31,	2006	. .				
(no more than 9	0 days after amendme	ent file date)					
Adoption of Amendment(s) (CHEC	K ONE)	•					
The amendment(s) was/were appr the amendment(s) by the sharehole							
☐ The amendment(s) was/were appr following statement must be separ separately on the amendment(s):							
"The number of votes cast for	the amendment(s)	was/were sufficier	it for approval by				
	(voting grou	up)	<u> </u>				
☐ The amendment(s) was/were adop and shareholder action was not red		of directors without	shareholder action				
☐ The amendment(s) was/were adop shareholder action was not require		orators without shar	eholder action and				
Signed this 31 day of March	2006		- · · ·				
Signature (By a director, president selected, by an incorpo appointed fiduciary by as Registered A Josefa Reyn (Typer	or other officer - if a rator - if in the hands that fiduciary). If had agreed a look	of a receiver, trustee, cereby accept the eto act in this erson signing)	re not been or other court ne appointment is capacity.				
	(Title of person si	(Title of person signing)					

FILING FEE: \$35