Florida Department of State

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Account Name

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BASIC AMENDMENT

PRESCRIVA HEALTH CARE, INC.

Certificate of Status	00
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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	Articles of Amendment		
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	to		1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	Articles of Incorporation		€6
	o f		SS
PRESCRIVA HEALTH CARE, IN	NC,		- M-3
(Name of corpora	ation as currently filed with the Flor	ida Dept. of State)	- i
			707 71.S
P03000008901			- 20£
(Doc	ument number of corporation (if ke	own)	——⊅>
rsuant to the provisions of section opts the following amendment(s) t	607.1006, Florida Statutes, the its Articles of Incorporation	ais <i>Florida Profit Ca</i> :	rporation
EW CORPORATE NAME (if ch	anging):		
RESCRIVA HEALTH CARE SUPPLIE			
ust contain the word "corporation," "com	pany," or "incorporated" or the abb	reviation "Corp.," "Inc.,"	or "Co.")
professional corporation must contain the	: word "chartered", "professional as	sociation," or the abbrev	riation "P.A."
TENDMENTS ADOPTED- (OT			: Number(s
l/or Article Title(s) being amended	i, added or deleted: (BE SPEC	ZIFIC)	
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		= + - + +	
			
	attach additional pages if necessary		
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The date	of each amendment(s) adoption: AUG	UST 23, 2005			
Effective	date if <u>applicable</u> :					
		(no more than 90 day	s after amendment file date)			
Adoption	of Amendment(s)	(CHECK O	NE)			
			by the shareholders. The number of votes cast for was/were sufficient for approval.			
	following statement	te amendment(s) was/were approved by the shareholders through voting groups. The lowing statement must be separately provided for each voting group entitled to vote parately on the amendment(s):				
	"The number of		mendment(s) was/were sufficient for approval by			
			(voting group)			
	The amendment(s) wand shareholder action		y the board of directors without shareholder action			
	The amendment(s) w shareholder action w		y the incorporators without shareholder action and			
Signed this	s 23RD day of A	UGUST	2005			
			her officer - if directors or officers have not been			
		a, by an incorporator and fiduciary by that f	if in the hands of a receiver, trustee, or other court duclary)			
	ROLA	NDO CORDERO				
,		(Typed or p	inted name of person signing)			
	PRESI	DENT				
		O	itle of person signing)			

FILING FEE: \$35