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Division of Corporations

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DIVISION OF CORPORATIONS

Division of Corporations  
Fax Number : (850) 205-0380

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT  
Account Number : 120030000037  
Phone : (561) 835-8500  
Fax Number : (561) 650-8530

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**GARDENS HEALTH AND WELLNESS, P.A.**

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**ARTICLES OF AMENDMENT TO  
THE ARTICLES OF INCORPORATION  
OF GARDENS HEALTH AND WELLNESS, P.A.**

Pursuant to the provisions of Section 607.1001 of the Florida Business Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The following amendments of the Articles of Incorporation were adopted by the shareholders of the corporation on August 18, 2006, in the manner prescribed by the Florida Business Corporation Act:

Articles I & II are hereby deleted in their entirety and replaced by the following:

**ARTICLE I. NAME**

The name of the Corporation shall be **Gardens Health & Wellness, Inc.**

**ARTICLE II. PURPOSE**

This Corporation is organized for the purpose of providing physician services and for providing medical care to members of the public, and for the following purposes:

- (a) To have and to exercise all the powers now or hereafter conferred by the laws of the State of Florida upon corporations organized pursuant to the laws under Chapter 607, Florida Statutes, and any and all acts amendatory thereof and supplement thereto.
- (b) For the purpose of transacting any or all lawful business.
- (c) To do any and everything pertinent to the above.

Dated: August 18, 2006

**Gardens Health and Wellness, P.A.  
a Florida professional association**

By: \_\_\_\_\_

Phillip Scuderi, D.C.  
President and Secretary

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P. 03

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STATE OF FLORIDA                    )  
  ) ss.:  
COUNTY OF PALM BEACH            )

The foregoing instrument was acknowledged before me this 22 day of August, 2006, by Phillip Scuderi, D.C., as President and Secretary, of Gardens Health and Wellness, P.A. on behalf of the corporation, who is personally known to me or who produced \_\_\_\_\_ as identification.

**OFFICIAL NOTARIAL SEAL**



ROBIN BOYCE  
MY COMMISSION # DD 338311  
EXPIRES: July 15, 2008  
Bonded Thru Budget Notary Services

Robin Boyce  
(type, print, or stamp name)  
Notary Public