

PO3000041157

FROM: (PLEASE PRINT)

PHONE | 786 356-5262

GLORIA E. RODRIGUEZ
DADE COUNTY HEALTH CENTER
10300 SW 53 ST.
MIAMI FLORIDA 33165

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

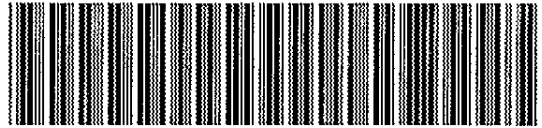
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

DADE COUNTY HOME HEALTH CARE & NURSING SERVICE INC.

(Present Name)

P03000041157

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ARTICLE NO. 1 - NAME

The name of the corporation shall change to:

DADE COUNTY HEALTH CENTER, INC.

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SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 10/20/2003


FOURTH: Adoption of Amendment(s) (CHECK ONE)

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

Signed this 20TH day of OCTOBER, 2003

Signature: 
(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.)

GLORIA E. RODRIGUEZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35