

P03000073159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

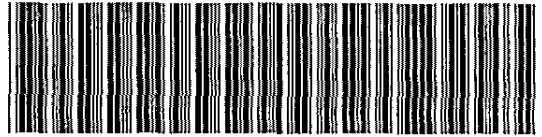
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100080082101

10/06/06--01008--010 **35.00

FILED
06 OCT -6 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 OCT -6 AM 10:30
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

*Name Change
&
Amendment*

10/06/06 2

EXPRESS CORPORATE FILING SERVICE INC.
 Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
 Address

CORAL GABLES, FL 33134 (305) 444-4994
 City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Mario, Body & Energy Medicine Clinic Inc
(Corporation Name) (Document #)
2. _____ (P03000073159)
(Corporation Name) (Document #)
3. _____ _____
(Corporation Name) (Document #)
4. _____ _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

please file amendment
1st & Fict.
name 2nd

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**Articles of Amendment
to
Articles of Incorporation
of**

MARIO, BODY & ENERGY MEDICINE CLINIC INC.

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

P03000073159

(Document number of corporation (if known))

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):

MARIO PAIN & REHAB INSTITUTE, INC.

(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)**

THE NEW ADDRESS FOR PRINCIPAL, MAILING, REGISTERED AGENT &

OFFICERS WILL BE:

430 S. DIXIE HWY STE: 210

CORAL GABLES, FL 33146

06 OCT -6 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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)

(continued)

The date of each amendment(s) adoption: 10-05-06

Effective date if applicable: _____
(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 _____

(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)

PIERRE, JEAN-MARIO

(Typed or printed name of person signing)

P/D

(Title of person signing)

FILING FEE: \$35