

P04000025905

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : EMPIRE CORPORATE KIT COMPANY
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

HOPE OF LIFE MEDICAL CARE, INC.

| | |
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| Certificate of Status | 0 |
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TALLAHASSEE, FLORIDA

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2/25/09
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February 25, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HOPE OF LIFE MEDICAL CARE, INC.
1406 JF KENNEDY CAUSEWAY
1406A
NORTH RAY VILLAGE, FL 33141

SUBJECT: HOPE OF LIFE MEDICAL CARE, INC.
REF: P04000025905

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H09000043411
Letter Number: 909A00006569

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION
OF

HOPE OF LIFE MEDICAL CARE, INC.

P04000025905

(Present Name of Corporation)

FILED
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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendments to its articles of incorporation:

FIRST: Amendment(s) adopted: Indicate article number(s) being amended, added or deleted.

PLEASE CHANGE PRINCIPAL ADDRESS TO: 3670-72 NW 1ST ST, MIAMI, FL 33125

PLEASE DELETE REG AGENT/P/D: REINA ROBAINA

PLEASE ADD AS REG AGENT/VP/T/D: JOSE R. DUEÑAS, 3670-72 NW 1ST ST, MIAMI, FL 33125

PLEASE ADD AS P/S/D: MARIA GISELA ROQUE, 3670-72 NW 1ST ST, MIAMI, FL 33125

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 amendments adoption: **FEBRUARY 24, 2009**

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

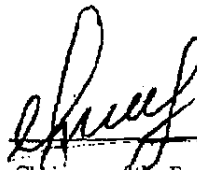
☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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 board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporator without shareholder action and shareholder action was not required.

SIGNED THIS 24TH OF FEBRUARY, 2009 SIGNATURE:



(By the Chairman or Vice Chairman of the Board of Directors, President, Incorporator, Director, Registered Agent or other officer if adopted by the shareholders.)

TYPED OR PRINTED NAME: MARIA GISELA ROQUE

TITLE: PRESIDENT

H09000043411

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

HOPE OF LIFE MEDICAL CARE, INC.

(Present Name)

3670-72 N.W. 1st Street

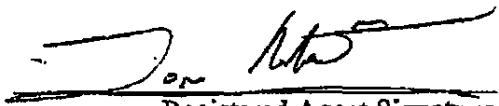
Miami, FL 33125

(Address)

P04000005905

(Document Number of Corporation)

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in the Articles of Incorporation, I hereby accept the appointment as Registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

JOSE R. DURAN

Printed Name

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