P04000049884

(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 Filling Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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SECRETARY OF STATE
AND ASSESSED TO STATE

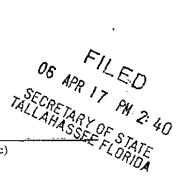
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MY HEALTH	I CENTER, INC	·
DOCUMENT NUMBER: P04000049884		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
RAMON REYES		-
(Name of C	Contact Person)	
	,	
(Firm/	(Company)	
5035 PALM AVE	and the second s	<u> </u>
(A	ddress)	
HIALEAH, FL 33012		
` •	e and Zip Code)	
For further information concerning this matter, pl	ease call:	
RAMON REYES	at (305) 822-0669	
(Name of Contact Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:		
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation



MY HEALTH CENTER, INC

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

P04000049884	
(Document number of corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statedopts the following amendment(s) to its Articles of Incorp	
NEW CORPORATE NAME (if changing):	
Must contain the word "corporation," "company," or "incorporated" or A professional corporation must contain the word "chartered", "profes	sional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME and/or Article Title(s) being amended, added or deleted: (B	
NEW OFFICERS:	
PRESIDENT: ANA M. PEREZ 3750 W 16	AVE SUITE 236 U
HIALEAH	, FL 33012
VICE-PRESIDENT/SECRETARY: LUIS F. HERNANDEZ	3750 W 16 AVE SUITE 236 U
	HIALEAH, FL 33012
(Attach additional pages if	necessary)
If an amendment provides for exchange, reclassification, o for implementing the amendment if not contained in the an	

(continued)

The date of each amendment(s) adoption: APRIL 12, 2006
Effective date if applicable: APRIL 12, 2006 (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 vector, 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)
ANA M. PEREZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35