

Florida Department of State  
Division of Corporations  
Public Access System

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

From: Account Name : CORPOLICENSE, INC  
Account Number : I20050000118  
Phone : (305) 774-9606  
Fax Number : (305) 774-9660

FILED  
09 MAY -4 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

## PHYSICIAN MED-CARE PROVIDERS,CORP

Certificate of Status	0
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Corporate Filing Menu

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5/5/09  
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Articles of Amendment  
to  
Articles of Incorporation  
of

PHYSICIAN MED-CARE PROVIDERS CORP(Name of Corporation as currently filed with the Florida Dept. of State)P05000065877(Document Number of Corporation (if known))

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TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
**(Principal office address MUST BE A STREET ADDRESS)**

SAME

**C. Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

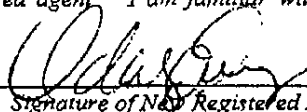
SAME

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:ODALYS ENRIQUEZNew Registered Office Address:7975 NW 154 STREET SUITE # 200(Florida street address)MIAMI LAKES, FL(City)Florida 33016(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

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**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	JULIO PRADO	7975 NW 154 STREET SUITE # 200 MIAMI LAKES, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	ODALYS ENRIQUEZ	7975 NW 154 STREET SUITE # 200 MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

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**F. 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:**  
(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 4/23/2009Effective date if applicable: IMMEDIATE

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

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

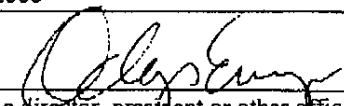
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by 100.00 %  
(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.

Dated 4/23/2009Signature 

(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)

ODALYS ENRIQUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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