

P05000144728

(Requestor's Name)

Gonzalez Accounting Service  
7080 W. 16th Ave.  
Hialeah, FL 33014

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

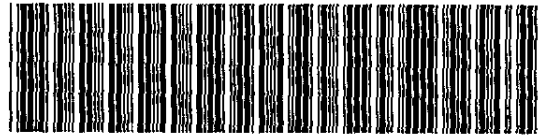
(Business Entity Name)

(Document Number)

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01/23/06--01035--004 \*\*35.00

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06 FEB -6 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
OKC  
2/6



RECEIVED

06 FEB -6 AM 8:00

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2006

GONZALEZ ACCOUNTING SERVICE  
7080 W. 16TH AVENUE  
HIALEAH, FL 33014-5

SUBJECT: ANGEL TOUCH MEDICAL AND REHABILITATION INC  
Ref. Number: P05000144728

We have received your document for ANGEL TOUCH MEDICAL AND REHABILITATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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.

The registered agent must sign accepting the designation.

THE AMENDMENT MUST BE SPECIFIC IN ALL CHANGES. AN OFFICER/DIRECTOR RESIGNATION IS A SEPARATE DOCUMENT, REQUIRING A SEPARATE FILING FEE OF \$35.00. HOWEVER ALL THE INFORMATION MAY BE INCLUDED IN THE AMENDMENT FOR THE ONE FILING FEE OF \$35.00. SIMPLY ADD THE INFORMATION TO THE AMENDMENT. ALSO PLEASE ADD A REGISTERED OFFICE ADDRESS FOR THE REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 506A00005670

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

ANGEL TOUCH MEDICAL AND REABILITATION INC

(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this 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 V, VI &  
REGISTERED AGENT ALFREDO MARTINEZ DELETED  
BARBARA HERNANDEZ ADDED

**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: 01-09-06

**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)

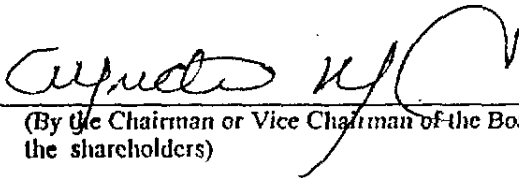
- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

(continued)

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06 FEB -6 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this day 09 of JANUARY, 2,006.

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

ALFREDO MARTINEZ

Typed or printed name

PRESIDENT

Title

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

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1 The name of the corporation is:

ANGEL TOUCH MEDICAL AND REHABILITATION INC  
(must include suffix)

2 The name and address of the registered agent and office is:

BARBARA HERNANDEZ

(NAME)

10764 SW 24 ST

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI FL 33165-2493

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent 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.*

  
(SIGNATURE)

01/09/06

(DATE)