P0000116357

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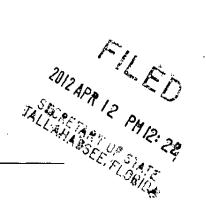
ICAE TARY OF STATE LLAHASSEE FLORING.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ROFESSIO	DNAL HEALTH CO	NSULTANTS, INC
DOCUMENT NUMBER: P06	00011635	57	
The enclosed Articles of Amendme			
Please return all correspondence co	oncerning this ma	atter to the following:	
DAVID	SALAZAF	₹	
		Name of Contact Person	n
PROFE	ESSIONAL	_ HEALTH CON	SULTANTS, INC.
7791 N	W 46TH S	Firm/ Company ST # 427	
		Address	
MIAMI,	FLORIDA	A 33166	
1		City/ State and Zip Cod	e
dsalazar@	prohealth	consultants.com	
		sed for future annual report	
r information concerning	this matter, plea	se call:	
DAVID SALAZAR		at (305	, 753-6723
Name of Contact Pe	erson	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following	ng amount made	payable to the Florida Dep.	artment of State:
-	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Ameno Divisio Cliftor 2661 I	Address diment Section on of Corporations n Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation



PROFESSIONAL HEALTH CONSULTANTS, INC.

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

P06000116357

(Document Number of Corporation (if known)

endment(s) to

	nation "Corp," "Inc,'	oration," "company," or "incorporated" or the or "Co". A professional corporation name mation "P.A."
3. Enter new principal office address,	if applicable:	7791 NW 46TH ST. #42
Principal office address <u>MUST BE A S</u>		MIAMI, FLORIDA 3316
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		SAME AS ABOVE
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	w registered office ad DAVID SALA	AZAR
new registered agent and/or the new	DAVID SALA 7791 NW 46	AZAR STH ST. #427
new registered agent and/or the new	DAVID SALA 7791 NW 46	dress: AZAR

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	PRESIDE	NT_	DAVID SALAZAR	7791 NW 46TH ST. # 427 MIAMI, FLORIDA 33166
2) Change Add Remove	VICE PRESID	€ NT 	BRUNO SUAREZ	7791 NW 46TH ST. # 427 MIAMI, FLORIDA 33166
3) Change Add Remove	VICE PRESID	ENT .	RAY LEVY	7791 NW 46TH ST. # 427 MIAMI, FLORIDA 33166
4) Change Add Remove		_	N/A	
5) Change Add Remove		_	N/A	
6) Change Add Remove		_	N/A	

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
I/A	
· · · · · · · · · · · · · · · · · · ·	
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	· · ·
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
I/A	

The date of each amendment(s)	adoption: APRIL 4, 2012
Effective date if applicable:	PRIL 4, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
The amendment(s) was/were as action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated APRI	L 4, 2012
Signature	director, president or other officer – if directors or officers have not been
	ted, by an incorporator – if in the hands of a eceiver, trustee, or other court
	inted fiduciary by that fiduciary)
	DAVID SALAZAR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)