

PO6000119625

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PONCE SERVICES CORPORATION INC.

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H06000289151 3

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

PONCE SERVICES CORPORATION INC.

(Document Number of Corporation P06000119625)

Pursuant to the provisions of section 607.1006 of the Florida Statutes, the above referenced corporation hereby adopts the following Articles of Amendment to its Articles of Incorporation:

1. The date of the filing of the Articles of Incorporation was September 18, 2006 and assigned document number P06000119625.

2. The following Amendment to the Articles of Incorporation was adopted by the corporation:

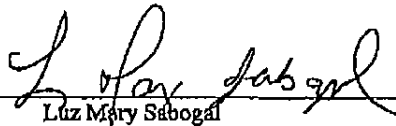
Article V shall now read:

The name and Florida address of the registered agent is:

Luz Mary Sabogal
6595 NW 36 Street
Suite 315
Virginia Gardens, FL 33166

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Registered Agent Signature:


Luz Mary Sabogal

Article VII shall now read:

The officer(s) and/or director(s) of the corporation is/are:

Title: PD
Luz Mary Sabogal
6595 NW 36 Street
Suite 315
Virginia Gardens, FL 33166

The Amended Articles and each Amendment described herein are adopted and shall be effective as of the date written below.

H06000289151 3

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H06000289151 3

B. Board Members and Officers of Management Company

Provide the following information for each person that serves as an officer or is on the board of directors (excludes voluntary board members). This information must match the information contained in Section 3B of the Health Care Licensing Application. Attach additional sheets if necessary.

TITLE	FULL NAME	SOCIAL SECURITY NUMBER
Director/CEO		
President		
Vice President		
Secretary		
Treasurer		
Other:	PLA	

4. Affidavit

I, Luiz M Sabogal, hereby swear or affirm that the statements in this application are true and correct.

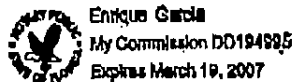
[Signature]
Signature of Licensee or Authorized Representative

president / owner
Title

STATE OF FLORIDA
COUNTY OF DADE

Sworn to and subscribed before me this 21st day of NOV, 2006 by Luiz M Sabogal.

This individual is personally known to me or produced the following identification: 5124-533-69 841-1

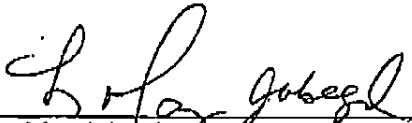


[Signature]
Notary Public
NOTARY SEAL:

H06000289151 3

The Amended Articles were adopted by a majority of the corporation's directors/shareholders.

SIGNED, this 20 day of November, 2006.


Luz Mary Sabogal, President

H06000289151 3