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COR AMND/RESTATE/CORRECT OR O/D RESIGN
FAMILY CARE CENTER OF NORTH MIAMI INC.

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FROM : LAZARUS

FAX NO. : 3052201440

Dec. 17 2007 04:47PM P2

H 07 000 30 1 0 8 5

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

FAMILY CARE CENTER OF NORTH MIAMI, INC.

(PRESENT NAME)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit 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 # VI Directors

Add: Title: C/M
TAMER SABRY
19823 NW 87th.CT.
Miami, Fl. 33018

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Article # V New Registered Agent

JORGE GALVEZ HERRERA
8838 NW 108 LANE
HIALEAH GARDENS, FL. 33018

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.

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H:07 000 30 1085

THIRD: The date of each amendment's adoption: Dec/17/2007

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 for each voting group entitled to vote separately on each amendment(s) :

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

Signed this 17 day of DECEMBER, 2007

Signature [Handwritten Signature]

(By the Chairman or Vice Chairman of the 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)

JULIO DIAZ GARCIA

Typed or printed name

PRESIDENT

Title

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

[Handwritten Signature]
Registered Agent Signature

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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:

FAMILY CARE CENTER OF NORTH MIAMI INC.

(must include suffix)

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

JORGE GALVEZ HERRERA

(NAME)

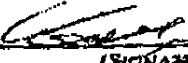
8838 NW 108 LANE

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

HIALEAH GARDENS, FL. 33018

(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)

Dec/17/2007

(DATE)

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