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2/16/09



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01/22/09--01005--004 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: <u>Pai</u>	be Care Cen	NTER, INC.
DOCUMENT NU	JMBER: <i>PO</i>	8000052876	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning t	his matter to the following:	
	AIDA C.	ARDENA-S e of Contact Person)	
	PRIDE CAR	E CENTER, Z Firm/Company)	NC.
	(1	Firm/ Company)	
	10875 OVERSEI	AS HWY, STE. 7	#110
-10		(Address)	,
	MANATHON)	PL 33050 State and Zip Code)	
	(City/	State and Zip Code)	
For further inform	ation concerning this matte	r, please call:	
Aios C	PARDENAS	at (786) 50 (Area Code & Day	86-1022
(Nan	ne of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a chec	k for the following amount	made payable to the Florida	Department of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	
Amendme		Amendment Section	
	f Corporations	Division of Corporati	ons
P.O. Box 6	e. FL 32314	Clifton Building 2661 Executive Center	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED
2009 FEB 16 PM L: 2

	Articles of Incorpora	ation	SECO-	PH 4: 31
PRIOE C	of ARE CENTER, ation as currently filed with th	INC.	TALLAHASSE	OF STATE
(Name of Corpor	ation as currently filed with th	e Fiorida Dej	ot. of State)	E. FLORIBA
	P0800005287	16		
(1)	Occument Number of Corporatio	n (if known)		_

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 an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co	o.," or the designation "(Corp," "Inc," or
B. Enter new principal office address, if appl	icable:	10875 OVERS	FAS HWY.
(Principal office address MUST BE A STREET	raddress)	7 STE. # 110	,
		MARATHON,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX	10815 OVER.	•
	\rightarrow	STE. #110	
		MARATHON	PL 33050
D. If amending the registered agent and/or renew registered agent and/or the new regis			er the name of the
Name of New Registered Agent:			-
New Registered Office Address:	(Flor	rida street address)	-
_			_, Florida
		(City)	(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

The date of each amendment(s) adoption: 2/9/09	
Effective date if applicable:	
(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 by the shareholders was/were sufficient for approval.	or the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"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 ac action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	
Dated 2/9/09	
Signature (By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
Aisa Canoewas (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
VICE PRESIDENT (Title of person signing)	
(Title of person signing)	