Division of Corporations Electronic Filing Cover Sheet

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN NEW LIFE CARE CENTER, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

11/16/2010

https://efile.sunbiz.org/scripts/efilcovr.exe

Articles of Amendment

Article	es of Inco	rporation			ユ か
- -				-0 TT	
NEW LIFE CARE CENTER, INC.				w W	
(Name of Corporation as currently filed with the Florida Dept. of State)					~
	P0900051371 (Document Number of Corporation (if known)				
(Document Number of)	Corporatio	n (it known)		1.	
Pursuant to the provisions of section 607.1006, Floridamendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Pr</i>	ofit Corporation	adopts the	following
A. If smending name, enter the new name of the con	orporation	<u>:</u>			
			,	The n	
name must be distinguishable and contain the wor abbreviation "Corp.," "Inc.," or Co.," or the designa- name must contain the word "chartered," "professional	ration "Cor	rp," "Inc," or "C	o". A professio	orated" or mal corporat	the ion
B. Enter new principal office address, if applicable:		5941 NW 173F	OD DRIVE		
(Principal office address MUST BE A STREET ADD)		# B6			
	•				
	-	<u>MIAMI FL 3301</u>	5		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>X</u>) <u> </u>	5941 NW 173R	D DRIVE		
	<u> </u>	# B6			
	D	MIAMI FL 3301	5		
D. If amending the registered agent and/or registered new registered agent and/or the new registered p	ed office a office addr	ddress in Florida ess:	, enter the name	e of the	
Name of New Registered Agent: EDUA	ARDO MI	LA-PRATS MD			
5941 N		RD DRIVE - # B	16		
New Registered Office Address:	(Floride	street address)	`		
MIAMI	1		, Florida_3	3015	
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Regis	stered Age	<u>:::::::::::::::::::::::::::::::::::::</u>			
I hereby accept the appointment as registered agent. I	am familio	r with and accept	the obligations	of the position	π.
	GHA.				
Signature	E of New Re	gistored Agent, If c	hanging		

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)

<u>Title</u>	<u>Name</u>	Address_	Type of Action
PD	EDUARDO MILA-PRATS M	5941 NW 173RD DRIVE - # B6 MIAMI FL 33015	☑ Add ☐ Remove
<u>P</u>	ENI DE LA OSA	4715 NW 157 ST - #106 MIAMI FL 33014 US	☐ Add ☑ Remove
<u>VP</u>	DAISY MARTINEZ	19601 E.ST ANDREWS DR MIAMI FL 33015	Add Z Remove
	ding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
provisi	nendment provides for an exchange, recons for implementing the amendment if ot applicable, indicate N/A)	classification, or cancellation of iss not contained in the amendment is	ued shares. self:
	·		
	·		
· ·			

The date of each amendment	(s) adoption: 11-03-2010
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	to approved by the shareholders through voting groups. The following statement d 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
Dated_11-00	3-2010
se)	y a director, president or other efficer — if directors or officers have not been sected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	EDUARDO MILA-PRATS MD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)