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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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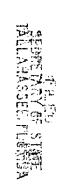
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	NEW HORIZON PRACTICE, INC.	
DOCUMENT NUMBER:	P09000056948	
The enclosed Articles of Amendm	at and fee are submitted for filing.	
Please return all correspondence c	ncerning this matter to the following:	
	LILLIAN SARDINAS	
	Name of Contact Person	
. SARD	IAS & ASSOCIATES ACCOUNTANTS, INC.	
	Firm/ Company	
	7171 CORAL WAY STE 402	
	Address	
	MIAMI, FL 33155	
	City/ State and Zip Code	
E-mail add	lillysardi@aol.com ss: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
LILLIAN SARDIN		
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the follow	g amount made payable to the Florida Department of State:	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NEW HORIZON PRACTICE, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. o	f State)
P09	0000056948	
(Document Nun	mber of Corporation (if known)	
uant to the provisions of section 607.100 ndment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Pr</i>	rofit Corporation adopts
f amending name, enter the new name o	f the corporation:	
·		<i>Ti</i>
eviation "Corp.," "Inc.," or Co.," or the e must contain the word "chartered," "pro Enter new principal office address, if app ncipal office address <u>MUST BE A STREE</u>	ofessional association," or the abbro plicable:	
Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>		
		ı, enter the name of the
		a, enter the name of the
If amending the registered agent and/or not new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:		n, enter the name of the
new registered agent and/or the new reginate Name of New Registered Agent:	istered office address:	, Florida

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
<u> </u>	ERNESTO B CAL	7171 CORAL WAY SUITE # 419 MIAMI, FL 33155	Ø Add □ Remove
<u>VP</u>	ELSA TERRERO	7171 CORAL WAY SUITE # 419 MIAMI, FL 33155	☐ Remove
<u>\$</u>	ELSA TERRERO	7171 CORAL WAY SUITE # 419 MIAMI, FL 33155	
	ing or adding additional Articles, en ditional sheets, if necessary). (Be sp		
			
provisio	nendment provides for an exchange, ns for implementing the amendment applicable, indicate N/A)		
		,	

The date of each amendmen	t(s) adoption: FEBRUARY 22, 2010
Effective date <u>if applicable</u> :	FEBRUARY 22, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_FEE	BRUARY 22, 2010
(B) sel-	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ELSA TERRERO
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)