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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2009

DAVID M. GOLDSTEIN LAW OFFICES OF DAVID M. GOLDSTEIN, P.A. 286 NE 39TH STREET MIAMI, FL 33137

SUBJECT: COAST TO COAST HEALTHCARE MANAGEMENT, INC.

Ref. Number: P09000086510

We have received your document for COAST TO COAST HEALTHCARE MANAGEMENT, INC. and check(s) totaling \$75.00. However, your check(s) and document are being returned for the following:

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

,

Letter Number: 209A00035914

Articles of Amendment to Articles of Incorporation

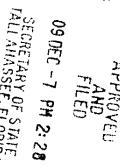
, vi	
Coast to Coast Healtheare Management, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	_
P09000086510	
(Document Number of Corporation (if known)	-

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and containabbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc," or "(Co": A professional corp
B. Enter new principal office address, if a Principal office address MUST BE A STR		
C. Enter new mailing address, if applical	hlor	
(Mailing address MAY BE A POST OF		

). If amending the registered agent and/	or registered office address in Florid	a, enter the name of the
· No management and a phone of one of the state of		
new registered agent and/or the new re	egistered office address:	
	egistered office address:	
new registered agent and/or the new re	egistered office address: (Florida street address)	
new registered agent and/or the new re Name of New Registered Agent:		, Florida
new registered agent and/or the new re Name of New Registered Agent:		, Florida (Zip Code)
new registered agent and/or the new re	(Florida street address) (City) nging Registered Agent:	,

Page 1 of 3



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)

Title	Name Brandon Bury	Address Ob DRG NE 398	Type of Action Add □ Remove
		- That was a second of the sec	Add Remove
			_
	ling or adding additional Articles, ente Iditional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, report in the same of the same	classification, or cancellation of is f not contained in the amendment	sued shares, itself:

The date of each amendment(s) adoption:
Effective date if applicable: (dete of adoption is required)
(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 the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/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.
Dated
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Typed or printed name of person signing)
Tropinator / Registered Agent