P10000004645

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
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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.

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RECEIVED
2010 MAY 18 AM 8:00
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TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
BOCA PAIN AND WELLNESS, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

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5/19/10

10 MAY 1 SECRETARY OF TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

BOCA PAIN AND WELLNESS, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P10000004645
(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:

A. If amending name, enter the new name of the corporation:

VIP FAMILY HEALTH ASSOCIATES, INC. *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable: *(Principal office address MUST BE A STREET ADDRESS)*

23123 STATE ROAD 7
#106
BOCA RATON, FL 33428

C. Enter new mailing address, if applicable: *(Mailing address MAY BE A POST OFFICE BOX)*

23123 STATE ROAD 7
#106
BOCA RATON, FL 33428

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: GORDON S. BERMAN

New Registered Office Address: 23123 STATE ROAD 7 #106
(Florida street address)

BOCA RATON, Florida 33428
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The date of each amendment(s) adoption: 05/11/2010
(date of adoption is required)

Effective date <u>if applicable</u>: 05/11/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **<u>(CHECK ONE)</u>**

[ ] 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)

[x] 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 05/11/2010

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)

GORDON S. BERMAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)