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TALLAHASEEE. PLEMBA

Amend 10 3/5/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	B & C THERAPY CENTER INC		
DOCUMENT NU	MBER:	P1000005664		
The enclosed Artic	les of Amendment and fee a	are submitted for filing.		
Please return all co	rrespondence concerning thi	is matter to the following:		
		CARMEN EVORA		
-		Name of Contact Person		
,	B&CT	THERAPY CENTER INC Firm/ Company		
2005 WEST 62 ST				
-	•	Address		
		HALEAH FL 33016		
•	C	City/ State and Zip Code		
	E-mail address: (to be use	ed for future annual report notification)		
For further informa	tion concerning this matter,	, please call:		
CA	RMEN EVORA	at (<u>786</u>) <u>253-8276</u>		
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount n	made payable to the Florida Department of State:		
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ad	<u>ldress</u>	Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 63		Clifton Building		
Tallahassee	FI 32314	2661 Evecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

B&C THERAPY CENTER INC

(Name of Corporation as curre	ently filed with the Florida	Dept. of State)
P10	000005664	
(Document Num	ber of Corporation (if know	n)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc,"	company," or "incorporated" or the or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		15 W 42 Street
·		330 G
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:		
•	2005 W 62 STREET	
New Registered Office Address:	(Florida street ad	dress)
	HIALEAH	, Florida 33016
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agents.		

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> Name <u>Address</u> Type of Action ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendmen	t(s) adoption: <u>02</u>	/24/2010
Effective date if applicable:		(date of adoption is required)
	(no more than 9	0 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		e shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		,"
	(voting group)	
The amendment(s) was/we action was not required.	re 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_02/2 Signature_	24/2010	whi.
	a director, presid	lent or other officer – if directors or officers have not been
		porator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary b	y that fiduciary)
		JHOERLAIN POCHET
	(Ty	ped or printed name of person signing)
		VICE-PRESIDENT
	(Title o	f person signing)