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COR AMND/RESTATE/CORRECT OR O/D RESIGN

WB HEALTH CARE SERVICES INC

Certificate of Status	0
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Page Count	05
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Ar	ticles of Amendment
≜ pri t	to Icles of Incorporation
ista de la company	of
WB Health Care Se	ervices Inc
	with the Florida Dept. of State)
P1000c	0053494
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amondment(s) to
A. If amending name, sufer the new name of the corpo	ration:
	The now
name musi be distinguishable and contain the word "c "Corp.," "hrs.," or Co.," or the designation "Corp.," " word "chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable; Principal office address MUST BE A STREET ADDRE;	22.)
	-
C. Enter new mailing address, if applicable;	
(Mailing address MAY BE A POST OFFICE BOX)	
•	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered agent	Mgs address in Florida, enter the name of the
Norma of New Registered Agent Harla	del Carmen Sanches
	NW 258T # 10 E Florida street address)
New Registered Office Address:	5ra) - Florida 33172
	(City) (Zip Code)
Yew Registered Agent's Signature, if changing Register	ed Agents
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
* Maria C &	audus.
Signance of New Re	gistered Agend if changing

Page 1 of 4

____ Add

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•	: :		
address of each Office (Attach additional she Please note the officer P = President; V = VI Executive Officer; Changes should be no a change, Mike Jones Mike Jones, V as Remulexample:	wer had/or ! ets, if necess /director tic ce Presider O = Chief urer, Direct ted in the fi leaves the ove, and Sa	the by the first letter of the office title: it: T= Treasurer: S= Secretary: D= Director: TR= 1 Financial Officer. If an officer/director holds more to would be FTD. blowing manner. Currently John Doe is listed as the corporation, Sally Smith is named the V and S. These lly Smith, SV as an Add.	Trustee; C = Chairman or Clerk: CEO — Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There ts
X Change	FT	John Doe	
X Remove	Ÿ	Mika Iones	
_X Add	SV	Sally Smith	•
Type of Action (Check One)	Title	Name	Address
I) Change	\mathcal{P}	Minera Rodniquez	4600 NW 255t.
Remove		• •	Doral, FL 33172.
2) Change	P	Maria C Sandhez	9400 NW 255+
Add			Doral FL 33172
3)Change			· · · · · · · · · · · · · · · · · · ·
Add		•	
Remove			
4) Change			<u> </u>
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Page 3 of 4

The date of each amendment(s) adoption:	9 18 2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE
The amendment(s) was/were adopted by by the abarcholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes out for the e	meadmani(s) was/were sufficient for approval
by	(vorting group)
	(Lound & Ords)
The amendment(s) was/ware adopted by a action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by socion was not required.	the incorporators without shareholder action and shareholder
Dated 09 17	2013
Signature & Culoc	Daz
(By a director, p	president or other officer — If directors or officers have not been incorporated— if in the hands of a receiver, trustee, or other court lary by that fiddeless.
M	inerka Rodniquez
	(Typed or printed name of person signing)
	CESI OF ASSESS SIGNIAN