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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
DORAL REHAB AND WELLNESS INC**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

2011 APR 12 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DORAL REHAB AND WELLNESS INC**

Pursuant to Section 607.1006, Florida Statutes, the undersigned corporation adopted the following articles to amend to its articles of incorporation.

**AMENDMENT ARTICLE 2 - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**3403 NW 82 Avenue, Suite 100  
Miami, FL 33122**

**AMENDMENT TO ARTICLE 4 - REGISTERED AGENT**

The name and address of the registered agent is:

**Aixa C Gonzalez  
3403 NW 82 Avenue, Suite 100  
Miami, FL 33122**

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## **AMENDMENT ARTICLE 5 - OFFICERS**

The officers of the Corporation shall be:

**Aixa C Gonzalez- President**  
3403 NW 82 Avenue, Suite 100  
Miami, FL 33122

**This Article of Amendment was adopted on the 7th day of April of the year 2011. The Corporation has only one class of voting stock. This amendment was unanimously adopted. The Amendment was approved by the Shareholders. The number of votes cast was sufficient for approval.**

  
\_\_\_\_\_  
Doral Rehab And Wellness, Inc.

By: \_\_\_\_\_  
Aixa C Gonzalez - President

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**CERTIFICATE OF DESIGNATION REGISTERED  
AGENT/REGISTERED OFFICE**

Pursuant To the provisions of sections 607.0501 or 617.0501, Florida statutes,  
the undersigned corporation, organized under the laws of the State of Florida,  
submits the following statement in designation the designation of the registered  
agent/registered office, in the State of Florida.

- 1.- The name of the Corporation is : Doral Rehab. And Wellness Inc
- 2.- The name and address of the registered agent and office is:

**Aixa C Gonzalez**  
3403 NW 82 Avenue, Suite 100  
Miami, FL 33122

Having been named as registered agent and to accept service of process  
for the above stated corporation at the place designated in this certificate, I  
hereby accept the appointment as registered agent and agree to act in this  
capacity. I further agree to comply with the provisions of all statutes  
relating to the proper and complete performance of my duties, and I am  
familiar with and accept the obligations of my position as registered agent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4/7/11

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