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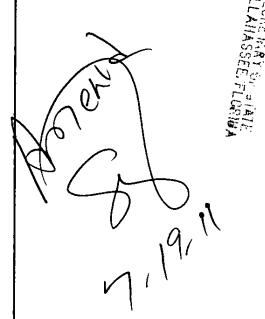
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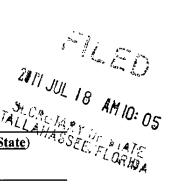


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION:	Y & R Medical Center & Therapy Inc
DOCUMENT NU	MBER:	P11000038758
The enclosed Artic	les of Amendment and	fee are submitted for filing.
Please return all co	rrespondence concerni	ng this matter to the following:
		Lily Perez
		Name of Contact Person
-		Firm/ Company
-		4700 SW Archer Rd
		Address
-		Gainesville, FL 32608 City/ State and Zip Code
	E-mail address: (to	ily@thegablesuf.org be used for future annual report notification)
For further informa	tion concerning this m	atter, please call:
Name	Lily Perez of Contact Person	at (786) 208-5140 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amo	unt made payable to the Florida Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Y & R Medical Center & Therapy Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000038758

(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:

	orp," "Inc," or "C ation," or the abbro	o". A professional corporeviation "P.A."
		
egistered office	address in Florida	. enter the name of the
Miguel Zunig	а	
928 NW 2 St	reet - Apt 8	
(Flori	ida street address)	
Miami		, Florida 33128
(City)		(Zip Code)
	Miguel Zunig 928 NW 2 St (Flori	egistered office address in Florida stered office address: Miguel Zuniga 928 NW 2 Street - Apt 8 (Florida street address) Miami

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pres	Yohan Taboada	8051 W 24 Ave - Suite 9 Hialeah, FL 33135	
<u>Pres</u>	Miguel Zuniga	8051 W 24 Ave - Suite 9 Hialeah, FL 33135	
(and chi d	dditional sheets, if necessary). (Be sp	segue)	
provisi	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 06/24/2011
Effective date <u>if applicable</u> :	06/24/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
	(voting group)
The amendment(s) was/we action was not required.	ere 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_06/2	24/2011
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Miguel Zuniga
	(Typed or printed name of person signing)
	President
	(Title of person signing)