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

**From:** Account Name : PROSKAUER ROSE LLP  
Account Number : 074673001063  
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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.\*\***

**Email Address:** darnstrong@promisehealthcare.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PROMISE PROPERTIES OF DADE, INC.**

Certificate of Status	1
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ARTICLES OF RESTATEMENT OF  
THE ARTICLES OF INCORPORATION

OF

PROMISE PROPERTIES OF DADE, INC.

912000093366

Pursuant to the provisions of Section 607.1007 of the Florida Statutes, Promise Properties of Dade, Inc. (the "Corporation") hereby amends and restates its articles of incorporation in its entirety, as follows:

ARTICLE I

The name of the Corporation is Promise Properties of Dade, Inc.

ARTICLE II

The principal street and mailing address of the Corporation is:

999 Yamato Road, Suite 300, Boca Raton, Florida 33431

ARTICLE III

The purpose for which the Corporation is organized is to engage in any lawful business.

ARTICLE IV

The Corporation shall have a perpetual existence.

ARTICLE V

The powers of the Corporation shall be exercised, its properties controlled and its affairs conducted by a Board of Directors. The number and method of election of the directors shall be set forth in the bylaws.

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ARTICLE VI

The Corporation is authorized to issue ten thousand (10,000) shares of One Cent (\$0.01) per value common stock.

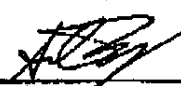
ARTICLE VII

The registered agent and office of the Corporation is:

Your Capital Connection, Inc.  
417 East Virginia Street, Suite #1  
Tallahassee, Florida 32301

CERTIFICATE OF ACCEPTANCE BY REGISTERED AGENT

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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Seth Neeley, for:  
Your Capital Connection, Inc.  
07/25/2013

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CERTIFICATE PURSUANT TO SECTION 607.1007(4)

The undersigned hereby certifies that the foregoing restatement required shareholder approval and was adopted by a unanimous written consent dated ~~2013~~ **MADE EFFECTIVE AS OF** and signed by the sole shareholder of the Corporation. **NOVEMBER 9, 2012**

Promise Healthcare, Inc., sole shareholder

By: 

Name: John Barovack

Title: CEO

Date: 7/24/13

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