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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. YEMA HOME HEALTH CARE INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. Coulliette AUG 05 2002

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Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLE OF INCORPORATION  
OF  
**YEMA HOME HEALTH CARE INC.**

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts The following articles of amendment to its articles of incorporation.

**FIRST:** Amendment(s) adopted: (indicate the article number(s) being amended, added or deleted)

REGISTERED AGENT

THE NAME AND ADDRESS OF THE REGISTERED AGENT WILL BE:

**MARIA C. ESCARPIO**  
**780 NW 42 AVE. STE: 322**  
**MIAMI, FL 33126**

BOARD OF DIRECTORS AND OFFICERS

THE NAME AND ADDRESS OF THE SOLE DIRECTOR/OFFICER WILL BE:

**(P/V/S/T/D)**  
**MARIA C. ESCARPIO**  
**780 NW 42 AVE. STE: 322**  
**MIAMI, FL 33126**

**SECOND:** If an amendment provides for exchange, or reclassification or cancellation of issued shares, provisions for implementation the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: 6-12-02

**FOURTH:** Adoption of Amendment(s) (check one)

X the amendment(s) was/were approved by the board of directors without shareholder action and shareholder action was not required.

I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY

Signature

  
MARIA C. ESCARPIO (P/D)