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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPORATE KITS DIRECT, INC.

Account Number : 120020000126

: (305)229-8256 Phone

: (305)229-8252 Fax Number

BASIC AMENDMENT

PROFESSIONAL MED-CARE GROUP, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | |
| Page Count | 02 |
| Estimated Charge | \$43.75 |

9/6/0:

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ARTICLES OF AMENDMENT

OF

PROFESSIONAL MED-CARE GROUP, 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 adopted: CHANGE OF ARTICLE NO. IX

The Board of Directors and Shareholders shall be composed by one (1) person, whose names and addresses are:

MAGALY P DOMINGUEZ 8887 SW 12 STREET MIAMI, FL 33174

PRESIDENT

100% SHAREHOLDE PAINSEE. ST

Amendment adopted: CHANGE OF ARTICLE NO. VI

The registered agent shall be:

MAGALY P DOMINGUEZ 8887 SW 12 STREET MIAMI, FL 33174

SECOND: The date of this amendment adoption shall be September 06, 2002. Resting

Articles of Incorporation will remain unaltered.

The shareholders approved the amendment adopted. The number THIRD:

of votes cast for this amendment were sufficient for approval.

Signed this 6TH day of September, 2002

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

PROFESSIONAL MED-CARE GROUP, INC.

2. The name and address of the Registered Agent and office is:

MAGALY P DOMINGUEZ 8887 SW 12 ST MIAMI, FL. 33174

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: WAT

MAGALY P DOMINGUEZ

DATE: 9/4/02

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