PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((H98000007354 7)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FERNANDEZ, PETR & ASSOCIATES

ACCT#: 110514003576

CONTACT: PETER PETR

PHONE: (305)651-4649

FAX #: (305)651-1278

NAME: LAMAR CARE, CORPORATION AUDIT NUMBER,....,H98000007354

DOC TYPE......BASIC AMENDMENT

CERT. OF STATUS, 0

PAGES...... I

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE., \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET, TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

May 198 4/27/06

DISTRIBUTION OF CORPORATIONS

98 APR 21 PM 3: 52

RECEIVED

SECTE JARY OF STATE
TALLAHASSEE, ET ORINA

FILED
98 APR 21 PM In

FLORIDA DIVISION OF CORPORATIONS 2:20 PM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((H980000073547)))

TO: DIVISION OF CORPORATIONS

FAX #; (850)922-4000

FROM: FERNANDEZ, PETR & ASSOCIATES

. ACCT#: 110514003576

CONTACT: PETER PETR

PHONE: (305)651-4649

FAX #: (305)651-1278

NAME: LAMAR CARE. CORPORATION
AUDIT NUMBER......H98000007354
DOC TYPE........BASIC AMENDMENT
CERT. OF STATUS..0 PAGES....... 1
CERT. COPIES......0 DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

RECEIVED
98 APR 21 AM 9: 37
10.1310N OF CORPORATIONS

FLORIDA DIVISION OF CORPORATIONS 2:20 PM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((H980000073547)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FERNANDEZ. PETR & ASSOCIATES

3056511278

ACCT#: 110514003576

CONTACT: PETER PETR

PHONE: (305)651-4649

FAX #: (305)651-1278

NAME: LAMAR CARE, CORPORATION

AUDIT NUMBER..... H98000007354

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET, TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

OE STAND OF HAR SO

FLORIDA DIVISION OF CORPORATIONS 2:20 PM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((H980000073547)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FERNANDEZ, PETR & ASSOCIATES

ACCT#: 110514003576

CONTACT: PETER PETR

PHONE: (305)651-4649

FAX #: (305)651-1278

NAME: LAMAR CARE, CORPORATION

AUDIT NUMBER......H98000007354 DOC TYPE......BASIC AMENDMENT

CERT. OF STATUS...0

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>: ...

98 APR 17 PH 2: 44

FLORIDA DIVISION OF CORPORATIONS 2:20 PM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((H98000007354 7)))

TO: DIVISION OF CORPORATIONS .

FAX #: (850)922-4000

FROM: FERNANDEZ, PETR & ASSOCIATES

3056511278

ACCT#: 110514003576

CONTACT: PETER PETR

PHONE: (305)651-4649

FAX #: (305)651-1278

NAME: LAMAR CARE, CORPORATION AUDIT NUMBER H98000007354 DOC TYPE.....BASIC AMENDMENT

CERT, OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

304)922-3709 04/20/98 10:41 Fiorida Department p1 /1



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 20, 1998

LAMAR CARE, CORPORATION 10390 SW 27 STREET MIAMI, FL 33165

SUBJECT: LAMAR CARE, CORPORATION

REF: P95000061244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The FAX audit number must be on the top and bottom of each page of the document.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell Corporate Specialist

FAX Aud. #: H98000007354 Letter Number: 498A00021011 104)922-3709

04/21/98 09:08 Florida, Department p1 /1



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 21, 1998

LAMAR CARE, CORPORATION 10390 SW 27 STREET MIAMI, FL 33165

SUBJECT: LAMAR CARE, CORPORATION

REF: P95000061244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The phone number of the preparer of the original document must be contained in the lower left-hand corner of the first page of the document.

Please correct the name of the corporation above the signature of the president to read: LAMAR CARE, CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell Corporate Specialist FAX Aud. #: H98000007354 Letter Number: 598A00021285 304)922-3709 04/21/98 15:09 Florida Department p1 /1



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 21, 1998

LAMAR CARE, CORPORATION 10390 SW 27 STREET MIAMI, FL 33165

SUBJECT: LAMAR CARE, CORPORATION

REF: P95000061244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE ADD A COMMA (,) BETWEEN THE WORDS CARE and CORPORATION IN THE NAME OF THE CORPORATION AT THE BOTTOM OF THE PAGE WHERE THE FOLLOWING IS STATED:

Lamar Care Corporation
Corporate Name it should state
Corporation

Lamar Care, Corporate Name

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell Corporate Specialist FAX Aud. #: B98000007354 Letter Number: 598A00021466

H98000007354

ARTICLES OF AMENDMENT TO THE ARTICLES

OF INCORPORATION OF

LAMAR CARE, CORPORATION

Pursuant to the provisions of section 607.1006 of the Florida Business Corporation Act, the undersigned corporation adopts the following Article of Amendment to the Articles of incorporation:

Item 1. Change the registered agent in Article I to read as follows:

Registered Agent shall be:

Maria Rodriguez

10390 S. W. 27th Street

Miami, FL 33165

I hereby am familiar with and accept the duties and Responsibilities as registered agent for said corporation Dated March 14, 1998.

Maria Rodriguez

Item 2. Change Article VII to read as follows:

President/Secretary-Treasurer

Maria Rodriguez - 3010 S. W. 104th Court Miami, FL 33165

All other provisions of the Articles of Incorporation are hereby ratified and reaffirmed.

The addition(s) are(were) adopted effective on the 14th of March, 1998, and approved by the shareholders in accordance with section 607.1006.

DATED. March 14, 1998

Fernandez, Petr & Associates 1200 N.E. 207th Street Miami, FL 33179 350-651-4649 Lamar Care, Corporation
Corporate Name

Maria Rodriguez, President

H98000007354

PM L