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Florida Department of State  
Division of Corporations  
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## BASIC AMENDMENT

HEALTH GROUP INC.

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Amendment

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DIVISION OF CORPORATIONS

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**ARTICLES OF AMENDMENT  
OF  
HEALTH 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. V**

The name and street address of the Registered Agent of the Corporation shall be as follows:

**MANUEL LOZANO  
99 NW 183<sup>RD</sup> STREET - STE. 114  
NORTH MIAMI BEACH, FL. 33169**

**SECOND: Amendment adopted: CHANGE OF ARTICLE NO. VI**

The Board of Directors and Shareholders of the Corporation shall be composed by ONE (1) person as follows:

**MANUEL LOZANO - PRESIDENT - 100% SHAREHOLDER  
7260 SW 23<sup>RD</sup> ST.  
MIAMI, FL. 33155**

**THIRD: The date of this Amendment adoption shall be October 4<sup>th</sup>, 2001.**

**FOURTH: Resting Articles of Incorporation remain unaltered.**

**FIFTH: The amendment adopted was approved by the shareholders. The number of votes cast for the amendments were sufficient for approval.**

Signed this 4<sup>th</sup> of October, 2001

  
**MANUEL LOZANO  
PRESIDENT**

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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:

**HEALTH GROUP INC.**

2. The name and address of the registered agent and office is:

**MANUEL LOZANO  
99 NW 183<sup>RD</sup> ST - STE. 114  
NORTH MIAMI BEACH, FL 33169**

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: \_\_\_\_\_

  
MANUEL LOZANO

DATE: \_\_\_\_\_

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