P97000069495

| UNLIMITED M 85 Grand Canal D | iental Health Care, Inc. brive, Suite 202 • Miami, FL 33144 | Office Use Only |
|---|--|---|
| City/State/Zi | p Phone # | Office Use Only |
| CORPORATION N | AME(S) & DOCUMENT NUM | |
| (Corpor | ation Name) (Doc | rument #) |
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| Walk in | Pick up time | Certified Copy |
| - | Will wait Photocopy | Certificate of Status |
| | AMENDMENTS | |
| FILINGS | AMENDMENTS | 300002298053 |
| rofit | Resignation of R.A., Officer/Direct | 300002298053 -09/19/9701073010 ******35.00 ******35.0 |
| ed Liability | Change of Registered Agent | |
| estication | Division arrival | |
| | Dissolution/Withdrawal | |
| | Merger Merger | |
| Hospital Comments | Merger | |
| IER FILINGS | | Amond |
| HER FILINGS | Merger | Amend |
| HER FILINGS al Report ous Name | Merger REGISTRATION/ QUALIFICATION | Amend |
| HER FILINGS al Report ous Name | Merger REGISTRATION/ QUALIFICATION Foreign | Amend V5 148 |
| HER FILINGS ual Report tious Name e Reservation | Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership | Amend V5 148 |

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 26, 1997

UNLIMITED MENTAL HEALTH CARE, INC. 85 GRAND CANAL DR., STE. 202 MIAMI, FL 33144

SUBJECT: UNLIMITED MENTAL HEALTH CARE, INC.

Ref. Number: P97000069495

We have received your document for UNLIMITED MENTAL HEALTH CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show Rene Diaz as the registered agent only on the above corporation. In order to remove him as registered agent you can list a new registered agent on the amendment form (name and address).

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 997A00047649

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

FILED 97 OCT -6 PM 3: 54

UNLIMITED MENTAL HEALTH CARE, INC.

(present name)

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

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

PLEASE REMOVE RENE DIAZ FROM THE ABOVE CORPORATION. AS REGISTERED AGENT.

PREASE ADD AS PRESIDENT + REGISTERED AGENT NANCY P. RODRIGUEZ., 85 GRAND CANAL DRIVE, SUITE 202 MIAMI, FLORIDA 33144.

(I AM hereby FAMILIAR WITH AND ACCEPT THE DUTIES
AS REGISTERED AGENT FOR SAID CORPORATION/LIMITED
LIABILITY COMPTRY)

Nany P. Rodriguez

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

| THIRD: T | he date of each amendment's adoption: SEPTEMBER 5, 1997. | | |
|--|---|--|--|
| FOURTH: | Adoption of Amendment(s) (CHECK ONE) | | |
| Þ | The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval. | | |
| | The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | | |
| | "The number of votes cast for the amendment(s) was/were sufficient | | |
| | for approval by | | |
| • | The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | | |
| | The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | | |
| Signature Signature Of SENTEMBER, 1997 Signature OBy the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders) OR | | | |
| (By a director if adopted by the directors) | | | |
| | OR | | |
| | (By an incorporator if adopted by the incorporators) | | |
| | NANCY P. RODRIGUEZ Typed or printed name | | |
| PRESIDENT Title | | | |