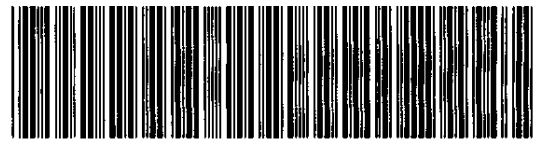


P 98000015715



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07/26/10--01004--007 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

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(Document Number)

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J/C  
E  
Amend.  
7-27-10  
DC

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Massage Therapy and Rehab. Center INC.  
DOCUMENT NUMBER: P98000015715

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miguel Yabor  
Name of Contact Person

Massage Therapy and Rehab. Center INC.  
Firm/ Company

3553 Davie Blvd  
Address

Fort Lauderdale FL 33312  
City/ State and Zip Code

Mlopezyabor@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Yabor at ( 954 ) 822-5240  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee  
 \$43.75 Filing Fee & Certificate of Status  
 \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida Neurology Medical Center INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000015715

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Massage Therapy and Rehabilitation Center INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

3553 Davie Blvd  
Fort Lauderdale  
FL. 33312

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

3553 Davie Blvd  
Fort Lauderdale  
FL. 33312

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Miguel Yabor

New Registered Office Address:

3553 Davie Blvd

(Florida street address)

Fort Lauderdale

(City)

Florida  
(Zip Code)

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SECRETARY OF STATE  
33312

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

[Signature]  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	Maribel Lopez	1260 SW 28 terr Fort Lauderdale FL. 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	Miguel Yabor	3370 SW 17 street Fort Lauderdale FL. 33312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Sec.	Maribel Lopez	1260 SW 28 terr Fort Lauderdale FL. 33312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

Juan A. Morales : 100% of shares

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**F. 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:**  
 (if not applicable, indicate N/A)

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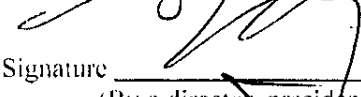
The date of each amendment(s) adoption: July 12, 2010  
(date of adoption is required)  
Effective date if applicable: July 12, 2010  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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 \_\_\_\_\_.”  
(voting group)
- 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.

Dated July 12, 2010

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Miguel Yabor  
(Typed or printed name of person signing)

President  
(Title of person signing)