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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696 SECRETARY OF STATE STATE ON OF CORPORATION OF CORPO

COR AMND/RESTATE/CORRECT OR O/D RESIGN

OBOCT 22 AM 8: 00 EGRETARY OF STATE LUAHASSEE, FUORIDA NEW LIFE REHABILITATION CENTER, INC.

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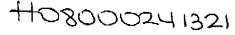
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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

NEW LIFE REHABILITATION CENTER, INC. P99000015449

(Present Name of Corporation)

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

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

PLEASE DELETE REG AGENT/P/D: JOSE J BRIZUELAS

<u>PLEASE ADD AS REG AGENT/P/S/D:</u> TOMASA PEREZ, 1401 S.W. 107^{TM} AVE, STE 301-X, MIAMI, FL 38174

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: The date of each amendments adoption: OCTOBER 21, 2008

FOURTH: Adoption of Amendment(s) (CHECK ONE)

_X	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
σ-1	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 board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the incorporator without shareholder action and shareholder action was not required.

SIGNED THIS OCTOBER 21, 2008 SIGNATURE:

Ferrence Para

(By the Chairman or Vice Chairman of the Board of Directors, President, Incorporator, Director, Registered Agent or other officer if adopted by the shareholders.)

TYPED OR PRINTED NAME: TOMASA PEREZ PRESIDENT/DIRECTOR

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PAGE 02/03

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

NEW LIFE REHAbiliTATION CENTER, INC.

1401 Sw. 107th AUENJE 301-X

MIRMI 1 F1 . 3314.

(Decument Number of Corporation)

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in the Articles of Incorporation, I hereby accept the appointment as Registered and agree to act in this capacity. I further agree to comply with the provisions of all statues 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.

Registered Agent Signature

TOMASA PEREZ

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