

P020000079897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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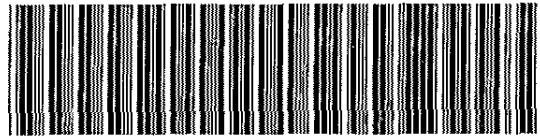
(Business Entity Name)

(Document Number)

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07/29/05--01003--023 **35.00

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FILED
05 JUL 29 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 JUL 29 AM 10:55
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DR
7/29/05

Charter Number Only

7-28-05

Requestor's Name

Dunkley & Assoc.

Address

14100 Palmetto Fountains Rd #201

City

State

ZIP

Phone

Miami Lakes FL 33016

821-6232

VALIDATION ONLY

CORPORATION(S) NAME

A-PLUS Medical and Rehab Center, Inc.

P02000079897

() Profit

() NonProfit



Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30



Walk In

() Will Wait



Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W P Verifier

Empire Toll Free: 1-800-432-3028

Articles of Amendment
to
Articles of Incorporation
of

A-Plus medical AND Rehab Center

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

P-02000079897

(Document number of corporation (if known))

05 JUL 29 4:03
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article VII - The officers of the Corporation is
AS follows:

MARTHA L. LOAIZA, President
4699 N. STATE ROAD 7, STE B-1
TAMARAC, FL. 33319

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: _____

7/28/05

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were approved 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.

Signed this 28 day of July, 2005.

Signature _____

Martha L. Lozza
(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)

MARtha L. LOZZA

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35