P02000091526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C

7/9

RICHARD W. HENNINGS
PROFESSIONAL ASSOCIATION
ATTORNEY AT LAW
213 NORTH JOANNA AVENUE , TAVARES, FLORIDA 32778-3217
TELEPHONE NUMBER 352-343-3335
FAX NUMBER 352-343-5458
E-MAIL ADDRESS: RHENNINGS@MPINET.COM

June 28, 2004

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Name Amendment-All Coast Physical Therapy, Inc.

Dear Amendment Section:

Enclosed is a Transmittal letter and Articles of Amendment for the above referenced corporation.

Also, enclosed is a check in the amount of $35.00 to pay the filing fee.

Thank you.

Very truly yours,

Richard W. Hennings

file: All Coast, 5719

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Name Change

DOCUMENT NUMBER: P02000091526

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

Please return all correspondence concerning this matter to the following:

Alison G. Hamm
(Name of Person)

(Name of Firm/ Company)

P.O. Box 1002
(Address)

Sorrento, Florida 32776
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Alison Hamm (Name of Person) at (352) 255-4324 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 JUN 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

All Coast Physical Therapy, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P02000091526
(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:

NEW CORPORATE NAME (if changing):

All Coast Therapy Services, Inc.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

(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: 6/14/04

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 6 day of June, 2004.

Signature Alison G. Hamm
(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)

Alison G. Hamm
(Typed or printed name of person signing)

Director
(Title of person signing)

FILING FEE: $35