

POS000084890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

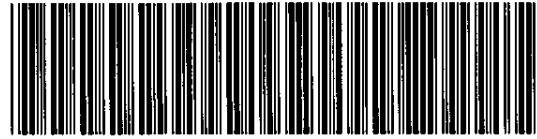
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/06--01011--015 **35.00

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06 OCT 27 AM 10:51
STATE OF FLORIDA

FILED
2006 OCT 27 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

C. Coulllette OCT 27 2006

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 180 DEGREES REHABILITATION INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

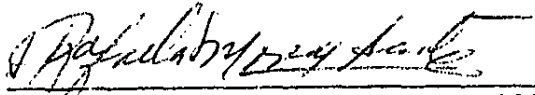
- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

Signed this 25 day of October, 2006.

By 
(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)
Or
(A director or incorporator if adopted by the directors or incorporators)

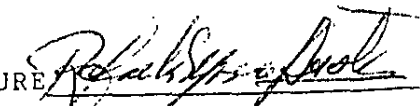
RAFAELA MORERA ACOSTA
(Typed or printed name)

President
(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE



10/25/06

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

180 DEGREES REHABILITATION, INC.

Amedment(s) adopted:

Article V – Directors

Delete Old D-P	Genoveva Monzon 6595 NW 36 Street # 113 Virginia Gardens, FL 33166
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Add New D-P	Rafaela Morera Acosta 6595 NW 36 Street # 113 Virginia Gardens, FL 33166
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Registered Agent

Delete Old RA	Genoveva Monzon 6595 NW 36 Street # 113 Virginia Gardens, FL 33166
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Add New RA	Rafaela Morera Acosta 6595 NW 36 Street # 113 Virginia Gardens, FL 33166
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