

P09000021859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

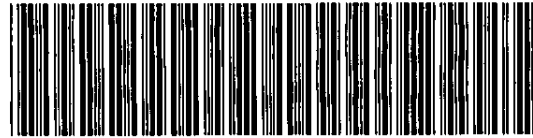
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/15/13--01009--015 **35.00

FILED
13 DEC -6 PM 4:38
SECRETARY OF STATE
MONTGOMERY COUNTY

Amend
12-11-13
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Advanced Wellness and Rehabilitation Center

DOCUMENT NUMBER: P09000021859

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

Please return all correspondence concerning this matter to the following:

Maria A Ramos
Name of Contact Person
Advanced Wellness and Rehabilitation Center
Firm/ Company
11736 N Dale Mabry Hwy
Address
Tampa, FL 33618
City/ State and Zip Code
AdvancedWellnessRehab@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria A Ramos at (813) 968-7770.
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2013

MARIA A. ROMAS
ADVANCED WELLNESS AND REHABILITATION CTR
11736 N. DALE MABRY HWY.
TAMPA, FL 33618

SUBJECT: ADVANCED WELLNESS AND REHABILITATION CENTER, CORP
Ref. Number: P09000021859

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE LIST AN OFFICER TITLE FOR THE NEW PERSON BEING ADDED.
YOU MAY USE THE FOLLOWING TITLES FOR THE OFFICER - PRES., SEC.,
V.PRES., OR TREA.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 313A00026983

RECEIVED

13 DEC -6 PM 12:36

SUNSHINE STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Advanced Wellness and Rehabilitation Centers, Corp

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

P09000021859.

(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:

_____ 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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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TALLAHASSEE, FLORIDA

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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 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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action Title Name Address

(Check One)

1) Change ^{CHANGE} Off/Director MARIA A RAMOS 11736 N Dale Mabry Hwy, Tampa, FL 33618

Add

Remove

2) Change Officer/Director MARIA A RAMOS 11736 N Dale Mabry Hwy, Tampa, FL 33618

Add

Remove

3) Change Officer/Director RONALD L PANELLA 11736 N Dale Mabry Hwy, Tampa, FL 33618

Add

Remove

4) Change _____ _____ _____

Add

Remove

5) Change _____ _____ _____

Add

Remove

6) Change _____ _____ _____

Add

Remove

The date of each amendment(s) adoption: 11-11-13, if other than the date this document was signed.

Effective date if applicable: 11-11-13
(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 Maria A Raos
(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 11-11-13

Signature x Maria A Raos
(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)

MARIA A RAOS
(Typed or printed name of person signing)

President.
(Title of person signing)