

P09000040480

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000081584 3)))



H120000815843ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LAZARUS CORPORATE FILING SERVICES, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

FILED
2012 MAR 29 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
NEW LIFE MEDICAL AND REHAB CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Amnd

Electronic Filing Menu Corporate Filing Menu

MAR 29 2012
Help
T. ROBERTS

02/08/2030 00:25

#4361 P.002/004

850-617-6381

3/29/2012 11:03:04 AM PAGE 1/001 Fax Server



March 29, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NEW LIFE MEDICAL AND REHAB CENTER, INC.
8080 WEST FLAGLER ST STE 2A
MIAMI, FL 33144

SUBJECT: NEW LIFE MEDICAL AND REHAB CENTER, INC.
REF: P09000040480

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H12000081584
Letter Number: 312A00010521

RECEIVED

12 MAR 29 AM 8:00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

H 1 2 0 0 0 0 8 1 5 8 4

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

PO9000040480

NEW LIFE MEDICAL AND REHAB CENTER, INC.
(PRESENT NAME OF CORPORATION)

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

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

Directors shall now read as follows:

Change of address
8080 W Flamingo St,
Suite 1-A
Miami, FL 33144

FILED
012 HR 29 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

New Registered Agent

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.

H 1 2 0 0 0 0 8 1 5 8 4

H12000081584

THIRD: The date of each amendment's adoption: 03-28-12

FOURTH: Adoption of Amendment(s) (check one)

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups.


The following statement must be separately for each voting group entitled to vote separately on each 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 March, 2012

Signature 
(By the Chairman or Vice Chairman of the directors, President or other officer if adopted by the shareholders)

OR
(By a director if adopted by the directors)
OR
(By an incorporator if adopted by the incorporators)

Lisur Vertia
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.

Registered Agent Signature

H12000081584