

Division of Corporations

Page 1 of 1

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.

((H14000276654 3)))



H140002768543ABC2

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 SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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	02
Estimated Charge	\$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC - 1 AM 11:10

RECEIVED
14 DEC - 1 PM 4:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

*C. Lewis
12-2-14*

H14000276654

Articles of Amendment
to
Articles of Incorporation
of

NEW LIFE MEDICAL AND REHAB CENTER, INC.

Florida Document Number: PD9000040480

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

Change all addresses to:

175 Fontainebleau Blvd.

Suite IR-6A

Miami FL 33172

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC - 1 AM 11:10

These articles of amendment were adopted on 12-1-14

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

Signature

LISUR VEITIA (P)

Printed Name and Title

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC - 1 AM 11:10

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

H14000276654