P09000058827

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TO: Amendment Section Division of Corporations

| | | AB CENTER INC. | |
|---|--|---|---|
| ^c Amendment and fee are su | ibmitted for filing. | | |
| ondence concerning this ma | atter to the following: | | |
| MAR | IA R HERNAND | EZ | |
| | Name of Contact Person | 1 | _ |
| CHARIT | | | |
| | Firm/ Company | | _ |
| 3200 WEST HIAI | LEAH GARDEN | S BLVD BAY 6 | |
| | Address | | _ |
| HIALEAH | GARDENS FL | ORIDA 33018 | |
| | City/ State and Zip Code | e | _ |
| CHARIT | OSERV@YAHO | O.COM | |
| | | | |
| concerning this matter, pleas | se call: | | |
| RNANDEZ | at (305 | 819-2766 | |
| Contact Person | Area Co | de & Daytime Telephone Numb | er |
| he following amount made | payable to the Florida Depa | rtment of State: | |
| □\$43.75 Filing Fee & Certificate of Status enclosed) | S43.75 Filing Fee & Certified Copy (Additional copy is (Additional C | □\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed) | |
| ng Address Iment Section | | | |
| | Amendment and fee are stondence concerning this management and fee are stondence concerning this management and fee are stondence concerning this management and E-mail address: (to be the concerning this matter, please concerning this matter, pleas | Amendment and fee are submitted for filing. MARIA R HERNAND Name of Contact Person CHARITO'S SERVICE II Firm/ Company B200 WEST HIALEAH GARDENS Address HIALEAH GARDENS City/ State and Zip Code CHARITOSERV@YAHO E-mail address: (to be used for future annual report concerning this matter, please call: RNANDEZ Contact Person Ace Contact Person The following amount made payable to the Florida Depa S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) CARAGRESS Street | MARIA R HERNANDEZ Name of Contact Person CHARITO'S SERVICE INC Firm/ Company B200 WEST HIALEAH GARDENS BLVD BAY 6 Address HIALEAH GARDENS FLORIDA 33018 City/ State and Zip Code CHARITOSERV@YAHOO.COM E-mail address: (to be used for future annual report notification) Concerning this matter, please call: RNANDEZ Contact Person Area Code & Daytime Telephone Numb the following amount made payable to the Florida Department of State: S43.75 Filing Fee & S43.75 Filing Fée & S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) CRAddress Street Address Street Address |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENTS Of

HEAVEN MEDICAL & REHAB CENTER, INC.

Document No: P09000058827

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

FIRST: The name of the Corporation:

DELETE: HEAVEN MEDICAL & REHAB CENTER, INC.

ADD: HEAVEN REHAB CENTER, INC.

SECOND: The principal and mailing address of business:

DELETE: 2097 WEST 76 STREET

HIALEAH FLORIDA 33016

ADD: 2100 W 76TH STREET STE 413

HIALEAH FLORIDA 33016

FILE 27 AM 8: 50

THIRD:

ADOPTION OF AMENDMENTS: Tuesday, December 19, 2011.

(X) The amendment(s) was (were) adopted by the directors. The number of votes cast for the amendment(s) by the shareholders was (were) sufficient for approval.

THE DATE OF THE AMENDMENT (S) ADOPTION: December 19, 2011.

Signed this 16/19

BLANCA R RODRIGUEZ-PSTD

email address: charitoserv@yahoo.com