

P110000011640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

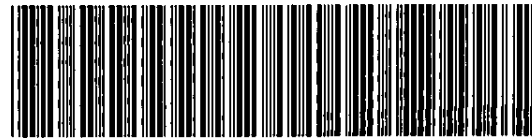
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 16 AM 10:35

Amend / cc  
Name chg  
@ 12/16/11

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MS MEDICAL REHAB CENTER, CORP

DOCUMENT NUMBER: P11000011640

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

Please return all correspondence concerning this matter to the following:

MARIA A SOMARRIBA

Name of Contact Person

MS MEDICAL CENTER CORP

Firm/ Company

4343 WEST FLAGLER STREET

Address

CORAL GABLES, FLORIDA 33134

City/ State and Zip Code

edwardw\_hawkins@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD W HAWKINS

Name of Contact Person

at ( 786 ) 493-7749

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

enclosed)

☐ \$43.75 Filing Fee &  
Certified Copy

(Additional copy is

(Additional Copy

☒ \$52.50 Filing Fee

Certificate of Status

Certified 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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 16 AM 10:35

MS MEDICAL REHAB CENTER CORP

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

P11000011640

(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:**

MS MEDICAL CENTER CORP

*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**)

4343 WEST FLAGLER ST

CORAL GABLES, FLORIDA 33134

**C. Enter new mailing address, if applicable:**

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

4343 WEST FLAGLER ST

CORAL GABLES, FLORIDA 33134

**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*

4343 WEST FLAGLER ST

(Florida street address)

*New Registered Office Address:*

CORAL GABLES

(City)

, Florida

33134

(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*

(Attach additional sheets, if necessary)

*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.*

Example:

X Add	SV	Sally Smith
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Address

4343 WEST FLAGLER ST  
CORAL GABLES, FLORIDA 33134

6) ☐ Change  
☐ Add  
☐ Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

NA

**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:**  
*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: 1-14-2011

Effective date if applicable:

(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 \_\_\_\_\_."  
(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 1 14 2011

Signature \_\_\_\_\_

(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 SOMARRIBA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)