P150000 57022

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SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSET FLORE

OCT 0 6 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: FL PHYSICAL TI	HERAPY CORP	
DOCUMENT NUM	BER: P15000057022		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ARISTIDES MARTINEZ		
		Name of Contact Person	n
•		Firm/ Company	
	2836 NW 21 PL		
		Address	
	CAPE CORAL FL 33993		
		City/ State and Zip Cod	е
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
		at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
	endment Section ision of Corporations		lment Section on of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ΨI	PHYSIC	~	THED	A DV	റവാവ

(Name of Corporation as current	ly filed with the Florida Dept. of State)	1	
15000057022	;		
(Document Number of	of Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Fiorida Profit Corporation adopts the following	amend	
·	:	Ī.	
If amending name, enter the new name of the corporation:			
ame must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ord "chartered," "professional association," or the abbreviation	on," "sompany," or "incorporated" or the abi "Co". A professional corporation name must co		
. Enter new principal office address, if applicable:	2836 NW 21 PL		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	CAPE CORAL FL 33993		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2836 NW 21 PL		
	CAPE CORAL FL 33993		
. If amending the registered agent and/or registered office add	unas in Elipsida, autoretha noma af Ab		
new registered agent and/or the new registered office addres	s:		
new registered agent and/or the new registered office addres	s:		
Name of New Registered Agent	<u>s:</u>		
Name of New Registered Agent	<u>s:</u>		
Name of New Registered Agent	<u>s:</u>		

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: X Change	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Add				
Komove				
5) Change	-			
Add				
Remove				
Character Character				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
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) to at a constitution of the and above
	ange, reclassification, or cancellation of issued shares,
an amendment provides for an exch provisions for implementing the ame	ndment if not contained in the amendment itself:
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provisions for implementing the amer	ndment if not contained in the amendment itself:

O8/30/2015 The date of each amendment(s) adoption:	, if other than
date this document was signed.	, ir oaiet alan
08/30/2015 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	will mot be Mated as
document's effective date on the Department of State's records.	Til not be fisted as
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)	
(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.	
08/30/2015	
Dated	
(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)	
ARISTIDES MARTINEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of parson signing)	