## P23000016720

| (Requestor's Name)                      |
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SECRETARY OF STATE TALLAHASSEE, FL 2023 MAY 15 AM 9: 38

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO           | RATION: BEND PHYSICAL   | THERAPY INC.   |   |   |   |
|-------------------------|---|--|---|---|---|
| DOCUMENT NUM            | P23000016720  |  |   |   |   |
| The enclosed Articles   | of Amendment and fee are su   | bmitted for filing.  |   |   |   |
| Please return all corre | espondence concerning this ma   | tter to the following:   |   |   |   |
|                         | Bradley Gies  |  |   |   |   |
|                         |   | Name of Contact Person   | 1   |   |   |
|                         | Bradley Gies P.A.   |  |   |   |   |
|                         |   | Firm/ Company  |   |   |   |
|                         | 1983 PGA BLVD SUITE 10  | 4B   |   |   |   |
|                         | -   | Address  |   | ,   |   |
|                         | PALM BEACH GARDENS,   | FL 33408   |   |   |   |
|                         |   | City/ State and Zip Cod  | e   | ,   |   |
|                         | bradgies@gieslaw.com  |  |   |   |   |
|                         | E-mail address: (to be us   | sed for future annual report                                       | notification)   |   |   |
| For further information | on concerning this matter, pleas  | se call:   |   | ~2  |   |
| Bradley Gies            |   | 561<br>at (  | 406-8247  | T.<br>SEC   |   |
| Name                    | of Contact Person   | Area Co  | de & Daytime Telephone Numbe  | 一名诗 <b>美</b>  | - |
| Enclosed is a check for | or the following amount made  | payable to the Florida Depa  | artment of State:   | AHA<br>TARS   |   |
| S35 Filing Fee          | ☐\$43.75 Filing Fee & Certificate of Status   | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                      | 2023 MAY 15 AM 9: 38 SECRETARY OF STATE TAILAHASSEE, FL | 1 |
| An<br>Div<br>P.C        | niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Ameno<br>Divisio<br>The C<br>2415 I                                | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |   |   |

Doc ID: 94339c8a966e1bb38084c9b525606ae6e6ca76

#### **Articles of Amendment** to Articles of Incorporation

| RI | FND | PHY | SICA | L THI | ERA | PY | INC |
|----|-----|-----|------|-------|-----|----|-----|
|    |     |     |      |       |     |    |     |

| (Name   | of Corporation as curren        | tly filed with the Florida     | Dept. of State)           |               |         |
|---|---------------------------------|--------------------------------|---------------------------|---------------|---------|
| P23000016720  |                                 |                                |                           |               |         |
|   | (Document Number                | of Corporation (if known)      |                           |               |         |
| Pursuant to the provisions of section 607, its Articles of Incorporation:   | .1006, Florida Statutes, this   | s Florida Profit Corporati     | on adopts the following a | imendment     | t(s) to |
| A. If amending name, enter the new n  | ame of the corporation:         |                                |                           |               |         |
| N/A   |                                 |                                | 7                         | he new        |         |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association," | Corp, " "Inc," or "Co".         | A professional corporati       | ted" or the abbreviation  | "Corp., "     |         |
| B. Enter new principal office address,  | if applicable:                  | 8845 N Military Trail          | , Ste 300                 |               |         |
| (Principal office address <u>MUST BE A S</u>  |                                 | Palm Beach Gardens,            | FL 33410                  |               |         |
|   |                                 |                                |                           | <del></del>   |         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                               |                                 | 8845 N Military Trail, Ste 300 |                           |               |         |
| · · ·   | _                               | Palm Beach Gardens,            | FL 33410                  |               |         |
|   |                                 |                                |                           |               |         |
| D. If amending the registered agent an new registered agent and/or the ne   |                                 |                                | e name of the             |               |         |
| Name of New Registered Agent  | N/A                             |                                |                           | 302<br>SE     | )<br>)  |
|   | N/A                             |                                | 5                         | SECRETARY     | :<br>-  |
|   | (Florida s                      | treet address)                 |                           |               | <       |
| New Registered Office Address:  | N/A                             |                                | . Florida N/A             | 55 C          | ,       |
|   |                                 | (City)                         | (Zip Coo                  | <u>de) ()</u> | 三五      |
|   |                                 |                                |                           |               | ڢ       |
|   |                                 |                                |                           | 卫星            | သ္ထ     |
| New Registered Agent's Signature, if of I hereby accept the appointment as regis                                      |                                 |                                | ations of the position.   | ŗΠ            |         |
|   | - ,                             | -                              |                           |               |         |
|   |                                 |                                |                           |               |         |
|   | Signature of Mou                | Registered Agent, if chang     | ing                       |               |         |
|   | Signature of New                | Registered Agent, ij chang     | mg                        |               |         |
| Check if applicable   |                                 | \(-\ F.C                       |                           |               |         |
| ☐ The amendment(s) is/are being filed p   | Jui 3 uaur (U. 3. 007 .0120 (11 | / ( c ), T . O.                |                           |               |         |

# TIMO

### 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 Doc          |                                |
|----------------------------|------------|-------------------|--------------------------------|
| -                          |            |                   |                                |
| X Remove                   | <u>V</u>   | Mike Jones        |                                |
| X Add                      | <u>\$V</u> | Sally Smith       |                                |
| Type of Action (Check One) | Title      | <u>Name</u>       | Address                        |
| 1) X Change                | P          | Scott Savel       | 8845 N Military Trail, Ste 300 |
| Add                        |            |                   | Palm Beach Gardens, FL 33410   |
| Remove                     |            |                   |                                |
| 2) X Change                | VP         | Brian Mastroberti | 8845 N Military Trail, Ste 300 |
| Add                        |            |                   | Palm Beach Gardens, FL 33410   |
| Remove 3) Change           |            | <u> </u>          |                                |
| Add                        |            |                   |                                |
| Remove                     |            |                   |                                |
| 4) Change                  |            |                   | () N                           |
| Add                        |            |                   | 2023 HAY SECRET                |
| Remove                     |            |                   |                                |
| 5) Change                  |            |                   | ARYCO A                        |
| Add                        |            |                   | AH 9:<br>SEE, F                |
| Remove                     |            |                   | : 38<br>FL                     |
| 6) Change                  |            |                   |                                |
| Add                        |            |                   |                                |
| Remove                     |            |                   |                                |

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| dding additional article:   |   |              |
|---|---|--------------|
| ticle VIII  | *************************************** | _            |
| e Employer Identification Number (EIN) of the Company is 92-2734468   |   | _            |
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| If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend | mont itsalf:                            | ~3           |
| (if not applicable, indicate N/A)   |   | 2023         |
| <b>1</b>  | CRETARY OF STA                          | YAH<br>YAH   |
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| The date of each amendment(s) date this document was signed.        | adoption:   |   | , if other than the  |
|---|---|---|----------------------|
|   | 5/05/2023   |   |                      |
| Effective date <u>if applicable</u> :                               |   |   |                      |
|   | (no more than 90 days   | after amendment file date)  |                      |
| Note: If the date inserted in this document's effective date on the |   | statutory filing requirements, this date will                         | not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |   |                      |
| ☐ The amendment(s) was/were action was not required.                | idopted by the incorporators, or board  | of directors without shareholder action and                           | shareholder          |
| ■ The amendment(s) was/were by the shareholders was/were            |   | ber of votes cast for the amendment(s)                                |                      |
|   | approved by the shareholders through vor each voting group entitled to vote so                      | voting groups. The following statement eparately on the amendment(s): |                      |
| "The number of votes of   | ist for the amendment(s) was/were suff  | ficient for approval  |                      |
| by  |   | ·"  |                      |
|   | (voting group)  |   |                      |
| Dated05   | /10/2023  | -   |                      |
| Signature   | 100 122   |   |                      |
| sele  | director, president or other officer – is ted, by an incorporator – if in the hand inted fiduciary) |   |                      |
|   | Scott Savel   |   |                      |
|   | (Typed or printed name  | of person signing)  | 202                  |
|   | President   |   | ORE                  |
|   | (Title of person signing)   | 1   | イヌ 二                 |