Çη.

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.

(((H18000040302 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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 PHL PHYSICAL THERAPY INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

FEB 05 2018

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

PHL PHYSICAL THERPAY INC				
(Name o	f Corporation as currently	filed with the Florida Dept. of S	tate)	
P17000054218				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amen	dment(s) to
A. If amending name, enter the new na	me of the corporation:			
A.Q. MEDICAL & REHAB CENTER D			The	new new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation	l" or the abbrevia name must contain	the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)		711 NW 23 AVE		
		STE: 202		
		MIAMI, FL 33125		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		711 NW 23 AVE	<u> </u>	. _&
	 -	STE: 202	1 -7	·
		MAMI, FL 33125	3.	18) T
D. If amending the registered agent ar new registered agent and/or the ne	ad/or registered office address:	ss in Florida, enter the name of	the Francisco	2. AH
new registered agent aution the ne	CHANGE OF ADDRESS			Ç.
Name of New Registered Agent				Š
	711 NW 23 AVE STE: 202			~
	(Florida stre		33125	
New Registered Office Address:	MIAMI	, Flo	rida 33125 (Zip Code)	
	1	Cnyy	(Lip cody	1
New Registered Agent's Signature, if a I hereby accept the appointment as regis	hanging Registered Agent: tered agent. I am familiar w	ith and accep: the obligations of t	he position.	
	Olas San Civin D	alamand dame of chambring		•
	Signature of New Ke	gistered Agent, if changing		

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, Atthe Jones V as Remove and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doc	
X Remove	v	Mike Jones	·
X Add	<u> </u>	Sally Smith	
Type of Action	Title	Name	<u>Address</u>
(Check One) 1) XX Change	P	CHANGE OF ADDRESS	711 NW 23 AVE
			STE; 202
Add			MIAMI, FL 33125
Remove			
2)Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
			Ï
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
• • • • • • • • • • • • • • • • • • • •	
	_ ~
	
f an amendment provides for an exchange, reclassification, or cancellation of issued sha	<u>res,</u>
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(If not applicable, transacte IVA)	
	·

02/01/2018	is called about the
The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	1
'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. 	
02/01/2018	1
Signature (By 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)	
ORESTES SANCHEZ	
(Typed or printed name of person signing)	
P	
(Title of person signing)	1