F06000001705

(Requestor's Name)		
(Address)		
(Address)	- · · · · · · · · · · · · · · · · · · ·	
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Rusiness	Entity Name)	
* en'; , e	Entry Name/	
• (Documer	at Niverback	
- (Documer	nt Number)	
Codifical Courts	0-20-1	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



500193957925

02/17/11--01031--007 **35.00

DEPASSABILITY OF LIATE HVISION OF CORFORATIONS TALLAHASSEE, FLORIDA

RECEIVED

Resol for dba
C.COULLIETTE

FEB 17 2011

EXAMINER

11 FEB 17 PH 2:

FILED



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

1, the undersigned DOLAN FLAY BLALOCK	, do hereby certify
(Name)	
that this Resolution of the Board of Directors of REHAB ENGIN	EERING PC
(Name of Corporation)	
a comparation duly arganized and aviating under the laws of NC	
a corporation duly organized and existing under the laws of <u>NC</u>	(State or Country)
was adopted on February 14, 2011	, adopting the alternate
name of North Carolina Rehab Engineering, PC (Alternate Name) NOTE: Must con-	tain a corporate suffix)
for use in Florida as its real name is unavailable in Florida.	
	<u> </u>
Date: <u>Feb 14</u> , 2011	FEB FEE
Statler Stat	VICE PRESIDENT Title of person signing
Signature of Chairman, Vice Chairman of the Board, a director or any officer	VICE PRESIDENT Title of person signing
FILING FEE \$3	
TILING TEE 93	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314