

F07000005105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

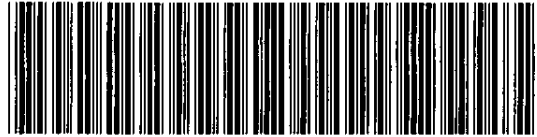
(Document Number)

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FILED
2008 FEB 27 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
Tleu
2/28/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rehas Review, Inc
(Name of Corporation)

DOCUMENT NUMBER: F07000005105

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Busby
(Name of Contact Person)

Rehabilitation Inc.
(Firm/Company)

1498 Old Fennin Rd
(Address)

Brandon MS 39047
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Busby at (001) 991-0030
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35.00 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2008

KATHY BUSBY
REHABILITATION INC.
1498 OLD FANNIN ROAD
BRANDON, MS 39047

RECEIVED
FEB 18 2008
REHABILITATION, INC.

SUBJECT: REHAB REVIEW, INC.
Ref. Number: F07000005105

We have received your document for REHAB REVIEW, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

*See
Series
21*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 808A00009635

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

EO70000005105
(Document number of corporation (if known))

FILED
2008 FEB 27 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Rehab Review, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. State of Mississippi 3. 10/15/2007
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 1/1/2007

5. Rehabilitation, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

Rehab Review, Inc.
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(New jurisdiction)

Farrell P. Mills
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
Farrell P. Mills
(Typed or printed name of person signing)

President
(Title of person signing)

State of Mississippi

Secretary of State's Office

C. Delbert Hosemann, Jr.

Secretary of State
Jackson, Mississippi

REHABILITATION, INC.

Business ID: 640577

The attached 4 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 19th day of February, 2008.



SECRETARY OF STATE

P.O. Box 136

Jackson, MS 39205

(601) 359-1633

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.

Secretary of State

102063420

Business ID: 640577
Date Filed: 06/27/2007 08:00 AM
Eric Clark
Secretary of State

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Articles of Amendment



The undersigned persons, pursuant to Section 79-4-10.06 (if a profit corporation) or Section 79-11-305 (if a nonprofit corporation) of the Mississippi Code of 1972, hereby execute the following document and set forth:

1. Type of Corporation



Profit



Nonprofit

2. Name of Corporation

REHAB REVIEW, INC.

**3. The future effective date is
(Complete if applicable)**

4. Set forth the text of each amendment adopted. (Attach page)

5. If an amendment for a business corporation provides for an exchange, reclassification, or cancellation of issued shares, set forth the provisions for implementing the amendment if they are not contained in the amendment itself. (Attach page)

6. The amendment(s) was (were) adopted on

01/01/2007

Date(s)

FOR PROFIT CORPORATION (Check the appropriate box)

Adopted by

☐

the incorporators



directors without shareholder action and
shareholder action was not required.

FOR NONPROFIT CORPORATION (Check the appropriate box)

Adopted by

☐

the incorporators

☐

board of directors without member action and
member action was not required.

FOR PROFIT CORPORATION

7. If the amendment was approved by shareholders

(a) The designation, number of outstanding shares, number of votes entitled to be cast by each voting group entitled to vote separately on the amendment, and the number of votes of each voting group indisputably represented at the meeting were

Designation

No. of outstanding
shares

No. of votes entitled
to be cast

No. of votes
indisputably represented

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333



Articles of Amendment

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(b) EITHER

(i) the total number of votes cast for and against the amendment by each voting group entitled to vote separately on the amendment was

Voting group	Total no. of votes cast FOR	Total no. of votes cast AGAINST

OR

(ii) the total number of undisputed votes cast for the amendment by each voting group was

Voting group	Total no. of undisputed votes cast FOR the plan

and the number of votes cast for the amendment by each voting group was sufficient for approval by that voting group.

FOR NONPROFIT CORPORATION

8. If the amendment was approved by the members

(a) The designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on the amendment, and the number of votes of each class indisputably represented at the meeting were

Designation	No. of memberships outstanding	No. of votes entitled to be cast	No. of votes indisputably represented

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333

Articles of Amendment



(b) EITHER

(i) the total number of votes cast for and against the amendment by each class entitled to vote separately on the amendment was

Voting class	Total no. of votes cast FOR	Total no. of votes cast AGAINST
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

(ii) the total number of undisputed votes cast for the amendment by each class was

Voting class	Total no. of undisputed votes cast FOR the amendment
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

and the number of votes cast for the amendment by each voting group was sufficient for approval by that voting group.

By: Signature

Pete Mills

(Please keep writing within blocks)

Printed Name

Pete Mills

Title

President

102063420

ATTACHMENT TO FORM F0012

REHAB REVIEW, INC.

On January 1, 2007, the Board of Directors of Rehab Review, Inc. voted unanimously to change the name of the company. Upon unanimous approval, the name of the company is changed

From:

REHAB REVIEW, INC.

To:

REHABILITATION, INC.

Pete Mills
Signature

Pete Mills
Name (Printed)

President / Chairman of Board
Title

ARTICLES OF INCORPORATION

 X PROFIT NON PROFIT

The undersigned persons, pursuant to Section 79-4-2.02 (if a profit corporation) or Section 79-11-137 (if a non-profit corporation) of the Mississippi Code of 1972, hereby execute the following document and set forth:

1. The name of the corporation is:

Rehab Review, Inc.

2. Domicile address is:

1088 Flynt Drive, Suite A, Flowood, MS 39208

3. The period of duration is:

4. The number (and classes if any), of shares the corporation is authorized to issue:
(Profit only)

<u>Class(es)</u>	<u>Number of Shares</u>
COMMON	100

5. The street address of its initial registered office:

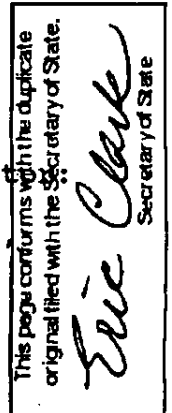
1088 Flynt Drive, Suite A, Flowood, MS 39208
Post Office Box 1236, Brandon, MS 39043-1236

6. The initial registered agent at such address:

Pete Mills

7. The name and complete address of each incorporator:

John W. Chapman, 168 Government Street, Brandon,
MS 39042
Alice P. Davis, 168 Government Street, Brandon,
MS 39042



RECEIVED
MAR 11 97
SECRETARY OF STATE
JACKSON, MS.

INCORPORATORS:

John W. Chapman
Alice P. Davis