K49858

(Re	equestor's Name)			
(Ad	ldress)			
· (Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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DIVISION OF CORPUS TORK

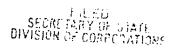
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COVERLETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: Rebound R	ehabilitative Se	rvices, Inc.		
DOCUMENT NUMBE	V40050				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	tter to the following:			
٦	Timothy Shippee				
_	Name of Contact Person				
Hathaway & Reynolds, P.A.					
		Firm/ Company			
	50 A1A North, Su	iite 108			
_		Address			
F	Ponte Vedra Bea	ch, FL 32082			
_		City/ State and Zip Code			
hem	antphysio@hotm				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Timothy Shippeeat (904) 280-5526			, 280-5526		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Rebound Rehabilitative Services, Inc.

15 APR 24 AM 11:50

(Name o	f Corporation as current	tly filed with the Florida Dept. of State)
K49858		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation:	
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	Hemant Patel	
	105 South Park Blvd., Su	nite B 201
	(Florida s	treet address)
New Registered Office Address:	St. Augustine	Florida 32086
		(City) (Zip Code)
New Registered Agent's Signature, if c. I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familian	

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	O'Donnell, Lynn	249 Palazzo Circle
Add			St. Augustine, FL 32092
X Remove			
2) Change	VP	Webb, Joseph N.	162 Avenida Menendez
Add			St. Augustine, FL 32084
X Remove			
3) Change	PD	Patel, Hemant	105 South Park Blvd., Suite B 201
X Add			St. Augustine, FL 32086
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		;	
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			-

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	<u>tor an exchange, rect</u>	assification, or cancel not contained in the s	<u>tation of issued snares</u> mendment itself:	ı
an amendment provides to				
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provisions for implementing	eate N/A)			
provisions for implementing	rate N/A)			
an amendment provides to provisions for implementing (if not applicable, indicable, indi	rate N/A)			
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The date of each amendment(s):	doption:	<u> </u>	, if other than the
date this document was signed.		SECAT ÍNAY DIVISION OF CI	if other than the ORPORATION:
Effective date <u>if applicable</u> :			
	(no more than 90 a	lays after amendment file 1516PR 24	AM 11: 50
Note: If the date inserted in this document's effective date on the D		le statutory filing requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ac by the shareholders was/were		umber of votes cast for the amendment(s)
		h voting groups. The following stateme e separately on the amendment(s):	nt
"The number of votes cas	t for the amendment(s) was/were s	ufficient for approval	
by		,,,	
	(voting group)		
☐ The amendment(s) was/were action was not required.	lopted by the board of directors wi	thout shareholder action and shareholde	r
☐ The amendment(s) was/were action was not required.	lopted by the incorporators withou	t shareholder action and shareholder	
April 22, Dated Signature	2015	_	
(By a select		- if directors or officers have not been ands of a receiver, trustee, or other cour	t
	Hemant Patel		
	(Typed or printed nar	ne of person signing)	
	President		
	(Title of	person signing)	