

#L07000075733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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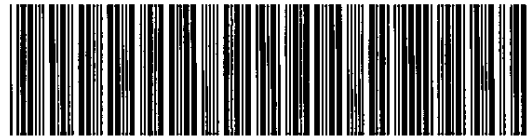
(Business Entity Name)

(Document Number)

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FILED  
2014 AUG 25 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 26 2014

LAW OFFICES  
**MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.**  
800 CORPORATE DRIVE • SUITE 500  
FORT LAUDERDALE, FLORIDA 33334

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ALSO ADMITTED IN MA\*\*  
ALSO ADMITTED IN NY & CT\*  
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OF COUNSEL

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Michael W. Moskowitz  
[mmoskowitz@msslaw.com](mailto:mmoskowitz@msslaw.com)  
Direct (954) 776-9211

August 21, 2014

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

Re: Integracare Rehab Group, LLC – Articles of Amendment

Dear Sir or Madam:

Enclosed please find Articles of Amendment with respect to the above-referenced entity, together with this firm's check in the amount of \$25.00 in payment of the filing fee.

Your courtesy and consideration in filing this amendment is greatly appreciated. Should you have any questions or comments, please do not hesitate to contact the undersigned.

Very truly yours,

MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.

BY: \_\_\_\_\_

MICHAEL W. MOSKOWITZ

MWM/cl

Enclosure

cc: Client

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Integracare Rehab Group, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Michael W. Moskowitz, Esq.**

Name of Person

**Moskowitz, Mandell, Salim & Simowitz, P.A.**

Firm/Company

**800 Corporate Drive, Suite 500**

Address

**Fort Lauderdale, FL 33334**

City/State and Zip Code

**mmoskowitz@mmsslaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael W. Moskowitz, Esq.** at **954** **491-2000**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Integracare Rehab Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2014 AUG 25 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 23, 2007 and assigned  
Florida document number L07000075733.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

525 SE 6th Avenue

Suite B

Delray Beach, FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

525 SE 6th Avenue

Suite B

Delray Beach, FL 33483

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Michael W. Moskowitz

New Registered Office Address:

800 Corporate Drive, Suite 500

Enter Florida street address

Fort Lauderdale

City

, Florida 33334

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dana Pusateri	10323 El Caballo Court	<input type="checkbox"/> Add
		Delray Beach, FL 33446	<input checked="" type="checkbox"/> Remove
MGRM	Lata Mehta	525 SE 6th Avenue	<input checked="" type="checkbox"/> Add
		Suite B	<input type="checkbox"/> Remove
		Delray Beach, FL 33483	
MGRM	B.J. Collister	525 SE 6th Avenue	<input checked="" type="checkbox"/> Add
		Suite B	<input type="checkbox"/> Remove
		Delray Beach, FL 33483	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT  
PALM BEACH COUNTY  
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8.17.14, \_\_\_\_\_.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Lata Mehta**

\_\_\_\_\_  
Typed or printed name of signee

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2014 AUG 25 PM 12:06  
CLERK OF THE FLORIDA  
DEPARTMENT OF STATE