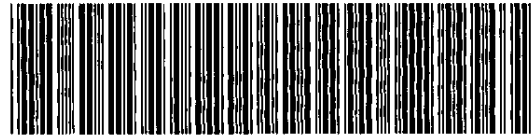


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09/13/10--01018--003 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. BRUCE
SEP 14 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAIN REHAB CENTER
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:

OSCAR PEREZ GARCIA
Name of Person
MAIN REHAB CENTER
Firm/Company
6301 MEMORIAL HWY STE 101
Address
TAMPA, FL, 33615
City/State and Zip Code
MAINREHABCENTER@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR PEREZ GARCIA at (**813**) **886-7788**
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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**

MAIN REHAB CENTER

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

The Articles of Organization for this Limited Liability Company were filed on 03/23/2009 and assigned Florida document number L09000028224.

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:

8313 W HILLSBOROUGH AVE STE 150

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FLORIDA, 33615

Enter new mailing address, if applicable:

8313 W HILLSBOROUGH AVE STE 150

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FLORIDA, 33615

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:

OSCAR PEREZ GARCIA

New Registered Office Address:

8313 W HILLSBOROUGH AVE STE 150

Enter Florida street address

TAMPA,

Florida

33615

City

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	WALTER BORJAS	8313 W HILLSBOROUGH AVE STE 150 TAMPA, FLORIDA, 33615	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	OSCAR PEREZ GARCIA	8313 W HILLSBOROUGH AVE STE 150 TAMPA, FLORIDA, 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER, 8, 2010

Signature of a member or authorized representative of a member

WALTER BORJAS

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA