Florida Department of State
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

THE PARKINSON CHARITABLE REHABILITATION, INC.

Certificate of Status	0
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8/12/09

August 11, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE PARKINSON CHARITABLE REHABILITATION, INC.
9301 S.W. 56TH STREET
SUITE D
MIAMI, FL 33165

SUBJECT: THE PARKINSON CHARITABLE REHABILITATION, INC.
REF: N07000006337

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H09000179951
Letter Number: 709A00027403

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

The Parkinson Charitable Rehabilitation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000006337

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_____

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida_____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

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)

Title	Name	Address	Type of Action
D	Anthony Dominguez	9301 S.W. 56 Street Suite D Miami, FL 33165	☐ Add ☑ Remove
D	Ana M. Elosegui	85 Grand Canal Drive Suite 209 Miami, FL 33144	☑ Add ☐ Remove
D/S	Osvaldo Garcia	7655 S.W. 153 Court Unit 205 Miami, FL 33183	☑ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

Title	Name	Address	Type of Action TO CHANGE ADDRESS
P/D	Osvaldo J. Garcia	1240 S.W. 152 Place Miami, Fl. 33194	☑ Add ☐ Remove
VP	Carlos M. Gonzalez	9301 S.W. 56 Street Suite D Miami, Fl. 33165	☑ Add ☐ Remove
D	Carlos M. Gonzalez	9301 S.W. 56 Street Suite D Miami, Fl. 33165	☐ Add ☑ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

Title	Name	Address	Type of Action
T	Antonio R. Larralde	9301 S.W. 56 Street Suite D Miami, Fl. 33165	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). *(Be specific)*

The date of each amendment(s) adoption: 8/6/09
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☑ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8-6-09

Signature _____
(By the chairman or vice chairman of the board, president or other officer–if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

OSVALDO J GARCIA
(Typed or printed name of person signing)

PRESIDENT / DIRECTOR
(Title of person signing)