

PO0000095033

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**TROPICAL PHYSICAL THERAPY CORPORATION**

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CAPITAL CONNECTION

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October 25, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TROPICAL PHYSICAL THERAPY CORPORATION

8290 NW 27 STREET

602

DORAL, FL 33122

SUBJECT: TROPICAL PHYSICAL THERAPY CORPORATION

REF: P00000095033

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

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

FAX Aud. #: H07000263638  
Letter Number: 107A00062718

RECEIVED  
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

2007 OCT 26 PM 2: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TROPICAL PHYSICAL THERAPY CORPORATION

(present name)

P00000095033

(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE II: PRINCIPAL OFFICE change to:  
8290 NW 27 Street, Suite 602, Doral, FL 33122

ARTICLE IV: REGISTERED AGENT AND STREET ADDRESS change to:  
CLODOMIRO PEREZ, 8290 NW 27 St., Ste. 602, Doral, FL 33122

ARTICLE VI: DIRECTOR change to:  
CLODOMIRO PEREZ, 13301 SW 52 Street, Miramar, FL 33027

REMOVE RAMON REGUEIRA AS PRESIDENT, DIRECTOR, AND REGISTERED AGENT.

I, CLODOMIRO PEREZ, HEREBY ACKNOWLEDGE AND ACCEPT THE DUTIES AS REGISTERED AGENT.

by: 

CLODOMIRO PEREZ, Registered Agent

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

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The date of each amendment(s) adoption: 10/24/07

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

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

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 24 day of October, 2007.

Signature \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CLODOMIRO PEREZ

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE: \$35

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