FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2002 8:00 am Secretary of State

DOCL	MENT # PO1000	912/11	/		Secretary	of State	
1. Entity Nar		210411	Thomas	: تالى تالىت	02-06-2002 90030	018 ***158.75	
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DBA							
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2. Principal	Place of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·	•		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DSON ST	DO NOT WRITE IN THIS SPACE		S SPACE	
City & Sta	T .	City & State		4. FE	l Number	Applied For	
UQ)A Zip	NOO TU.	ORIANDO	Country	5	9-37/ 012 .7	Not Applicable \$8.75 Additional	
<u> 3 2 8</u>		32801	USA	5 . Ce	rtificate of Status Desired	Fee Required	
	ing a first of the second of t	ا اعداد این ایکانیاسه در ای	Name	7. Nam	e and Address of Current Register		
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			Street Address (PD, Box Number is Not Acceptable)				
IN THIS SPACE			Lake Many				
			City		F	L 33946	
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office or re	egistered agen	t, or both, in the State of Florida.	100710	
		M On		a P	1.50	12 19 01	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	ríS+oj)hoj Registered Agent signature	e required when reinst	eckstedles DATE	12-12-01	
9. This corp	oration is eligible to satisfy its Intangible		y 1 Fee is \$150.0	00			
Tax filing	requirement and elects to do so.	Amended	, Fee is \$550.00 UBR is \$61.25	j	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees	
11.	ria on back) OFFICERS AND D	Make Check Payable	to Department o	of State			
TITLE	Tresident (P)		TITLE .				
NAME	Christophen C. R.	ecksiedler -	NAME			,	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address of the empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

Attach ment
B13089

Doct P01000018411

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 4, 2002

C. RECKSIEDLER 1522 E, RIBINSON ST. ORLANDO, FL 32801

SUBJECT: FLORIDA CENTER FOR PHYSICAL THERAPY, INC.

Ref. Number: P01000018411

We have received your document for FLORIDA CENTER FOR PHYSICAL THERAPY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

To make changes in the officers, directors and/or registered agent of your corporation, you should file the current year annual report/uniform business report and pay the appropriate fee.

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) 245-6909.

Velma Shepard Corporate Specialist

Letter Number: 402A00000462

DOCHPO 100018411
ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FLORIDA CENTER FOR Physical Therapy INC

PO100018411 (Document Number of Corporation (If known)

(present name)

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)

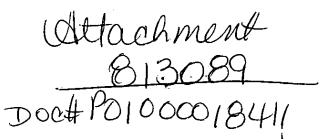
ARTICLE I (CHANGE OF OFFICETS/DIRECTORS).

ARTICLE II (CHANGE OF REGISTERED AGENT)

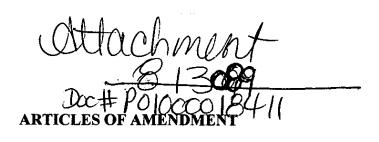
ARTICLE I CHANGE OWNERSKIP AND the Office of Presidentifon BARRY K SMITH TO Christopher C. Recksiedler

ARTICLETT CHANGE the RegisterED Agent from BARRYK SMITH to Christopher C. Recksiedler

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:



	5004101
THIRD: The	e'date of each amendment's adoption: (2/12/0)
FOURTH: A	doption of Amendment(s) (CHECK ONE)
) E	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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)
2	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.
Signature	igned this 2 day of December, 2001. (By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by
	the shareholders)
	OR
	(By a director if adopted by the directors)
	OR
	(By an incorporator if adopted by the incorporators)
	BARRY TS MITH (Typed or printed name)
	President Troopporator



I Christopher C. Recksiedler hereby accept the duties of President and Registered Agent

of Florida Center for Physical Therapy Inc . commencing on December 17, 2001.

Christopher C. Recksiedler