

PO1000018644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

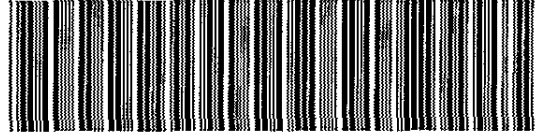
(Business Entity Name)

(Document Number)

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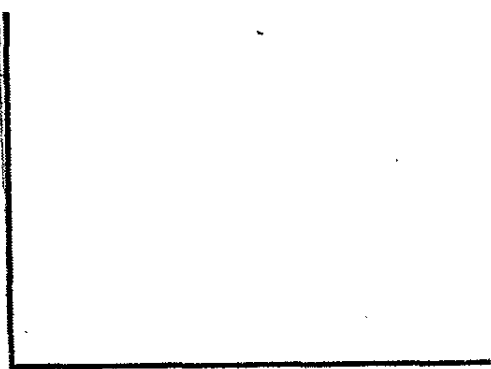
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*Amend.*  
C. Coulliette DEC 04 2006

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**



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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ALL AMERICAN REHABILITATION CENTER, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2.01     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

**Examiner's Initials**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

ALL AMERICAN REHABILITATION CENTER, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles as amendments to its articles of incorporation;

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

ARTICLE FIVE: The name and address of the Officers and Directors who shall hold office are:

VIVIAN MALDONADO - P/T/D

16225 Emerald Cove Rd  
Weston, Fl 33331

ARTOCLE IX: The name and address of the registered agent and office is

VIVIAN MALDONADO  
16225 EMERALD COVE RD  
WESTON, FL 33331

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

