

P010000062688

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amund

2-26-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DOCTOR'S REHAB CLINIC, INC.

DOCUMENT NUMBER: P01000062688

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMELIA DAVILA

(Name of Contact Person)

DOCTOR'S REHAB CLINIC, INC.

(Firm/ Company)

4602 N. Armenia Avenue, B3, Tampa, Florida 33603

(Address)

(City/ State and Zip Code)

For further information concerning this matter, please call:

Felipe R. Pacheco, Esq.

(Name of Contact Person)

at (813) 870-1533

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2008

AMELIA DAVILA
4602 N. ARMENIA AVENUE, B-3
TAMPA, FL 33603

SUBJECT: DOCTORS REHAB CLINIC, INC.
Ref. Number: P01000062688

We have received your document for DOCTORS REHAB CLINIC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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

Letter Number: 508A00008107

Articles of Amendment
to
Articles of Incorporation
of

DOCTOR S REHAB CLINIC, INC.

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

Letter No. P0100oo6268

(Document number of corporation (if known))

FILED
08 FEB 25 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Resignation of JANE D. FERRELL and President and Director.

The name and address of the directors, Amelia Davila and

Jane D. Ferrell, of 4602 N. Armenia Avenue, B3, Tampa, Florida
33603

The name and address of the new officers is:

Amelia Davila, Preident, 4602 N. Armenia Avenue, B3, Tampa

Florida 3363 and Jane D. Ferrell, Vice-President,

4602 N. Armenia Ave., B#, Tampa, Florida 33603

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: December 26, 2007

Effective date if applicable: December 26, 2007
(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):*

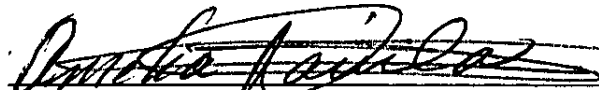
"The number of votes cast for the amendment(s) was/were sufficient for approval by

(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.

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)

Amelia Davila

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35