## 5100062688

(Requestor's Name)  (Address)	400131681134
(City/State/Zip/Phone #)	06/27/0801028018 **35.00
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	Nove of
Special Instructions to Filing Officer:	2008 JUN 27 AM 7 SECRETARY OF ST TALLAHASSEE, FLO

Office Use Only

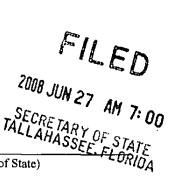
7: 00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF C	CORPORATION: DOCTORS	REHAB CLINIC, INC.	
DOCUMEN'	Г NUMBER: P01000062688		
The enclosed	Articles of Amendment and fee a	are submitted for filing.	
Please return	all correspondence concerning th	is matter to the following:	
	IVAN CHINEA RAMOS		
	(Name	of Contact Person)	
	DOCTORS REHAB CLINIC	C, INC.	
	(Fi	rm/ Company)	
. · · · · · · · · · · · · · · · · · · ·	4602 N ARMENIA AVE B3	· · · · · · · · · · · · · · · · · · ·	
	e de la companya de l	(Address)	
	TAMPA, FL 33603	<del></del>	
		State and Zip Code)	
For further inf	formation concerning this matter,	please call:	
IVAN CHINE	<del></del>	at ( <u>813</u> ) <u>870-3990</u>	
(	(Name of Contact Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a	check for the following amount:		
<b>7 \$</b> 35 Filing Fea	e	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Division P.O. B	dment Section on Graph of Corporations ox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

## Articles of Amendment to Articles of Incorporation of



DOCTORS REHAB CLINIC, INC.

P01000062688

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

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
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)
DELETE - AMELIA DAVILA - PRESIDENT
DELETE - JANE FERRELL - VICE-PRESIDENT
ADD- IVAN CHINEA RAMOS - PRESIDENT
(Attach additional pages if necessary)
f 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)
VAN CHINEA RAMOS -100% SHAREHOLDERS (7500 SHARES)
(continued)

The date of each amendment(s) adoption: 6/27/2008
Effective date if applicable: 6/27/2008
(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 actio and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action an 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)
IVAN CHINEA RAMOS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35