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Office Use Only

(Requestor's Name)



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Change Corporate Name	_
DOCUMENT NUMBER: PO 1000 109 3 3 3	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Edward Mc Cormack (Name of Person)	
(Name of Person)	
PHYSICAL THERAPY IN YOUR HOME, (Name of Firm/ Company)	.Inc.
70 2170 5 W 7th Ct. (Address)	
BOCA RETON FL 33476 (City/ State/ and Zip Code)	
(-u, -u, -u, -u, -u, -u, -u, -u, -u, -u,	
For further information concerning this matter, please call:	
Edward McCon mack at (561) 789 - 2046 (Name of Person) (Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐	e of Status al Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

Articles of Amendment to Articles of Incorporation of

PHy 51 cal Therapy of South Florida, Inc. (Name of corporation as currently filed with the Florida Dept. of State)	
(Name of corporation as currently filed with the Florida Dept. of State)	
(Document number of corporation, if known)	
(Document number of corporation, if known)	
arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation opts the following amendment(s) to its articles of incorporation:	
EW CORPORATE NAME (if changing):	
PHYSICAL THERABU TW YOUR HOME THE	
PHY SICOL THE RAPY IN YOUR HOME, INC. must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")	-
MENDMENTS ADOPTED- Indicate Article Number(s) and/or Article Title(s) being amended ded or deleted: (BE SPECIFIC)	d,
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	 ,
(Attach additional pages if necessary)	_
(Virgini additional bakes is notessar)	
an amendment provides for exchange, reclassification, or cancellation of issued shares, provision implementing the amendment if not contained in the amendment itself: (if not applicable, indicate	
	-
	-

(continued)

The date of each amendment(s) adoption:
Effective date, if applicable: 1-1-04 (no more than 90 days after amendment file date)
(no more than 96 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"
approval by
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 21 day of January 2004
Signature / Duse mo Committee PRESIDENT
(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)
Edward mcCormacK (Typed or printed name of person signing)
President (Title of person signing)
(Title of person signing)

FILING FEE: \$35 + 7.78