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2/28/12

COVER LETTER

TO: Amendment Section Division of Corporations

		م المان	
NAME OF CORPORA			L Rehab Conter one
DOCUMENT NUMBE	R: <u>PO10</u>	200109074	
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.	
Please return all corresponder	ondence concerning this ma	itter to the following:	
	Alin	a Roduall	01.
_	<u> </u>	Name of Contact Per	rson
	Westchester	Health R	whas Centr Onc
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	1.1.1.	Address	-2.41
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		City/ State and Zip C	ode
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	E-mail address: (to be us	sed for future annual rep	ort notification)
For further information of	oncerning this matter, pleas	se call:	
Alina Rod	lique	at (<u>3</u> 05	, 442 4040
Name of	Contact Person		Code & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	payable to the Florida Do	epartment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address		et Address
	lment Section on of Corporations		ndment Section sion of Corporations
P.O. B	ox 6327	Clift	on Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of A	mendment	· cil ED
to	normanation 3	
Articles of Inc of	orhoration ,	OL AH 11: 52
Worthertor Hook Mihal	Contac AL	2012 FEB 24 AM 11: 52
(Name of Corporation as currently filed with the F		ZOIZTED THE STATE OF STATE ORIDS
101000109076		MILLAHABSEL
(Document Number of Corporation (i		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:		lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corpora	
B. Enter new principal office address, if applicable:	5200 SW 8 M	±116
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MiAMI R 331	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5200 SW 85 MIAMI, R 33	134
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the nam	e of the
A11 0.	i Iigull	
5200 OU 8 a	+ 11 6	
(Florida stre	eet address)	
New Registered Office Address: M! A M! (City)	, Florida_	3313Y (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations	of the position.
+ Chin		-
Signature of New Registered A	gent if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office. held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> ·Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PD	Modriguez, Alina	a C 95 Grand Canal Dr +102
2)Change Add Remove	<u>6D</u>	Alina lodriquez	5200 NW 8 07 + 116 MIAMI R 33134
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		-	
6) Change Add Remove		·	

·	(Be specific)	
		-
	the state of the s	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	-
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	

The date of each amendment(s) adoption:
Effective date if applicable: 2712
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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)
(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.
Dated2 7 12
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)
Alina Rodiguez (Typed or printed name of person signing)
(Typed or printed name of berson signing)
(Title of person signing)
(Title of person signing)