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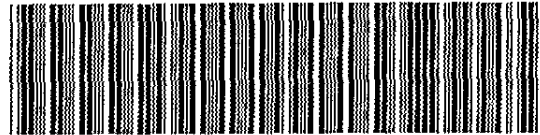
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.
C. Coulliette APR 30 2003

LAW OFFICES OF
ROBERT I. CLAIRE, ESQUIRE, P.A.

ROBERT I. CLAIRE
ATTORNEY AT LAW
CERTIFIED PUBLIC ACCOUNTANT

1900 N.W. CORPORATE BOULEVARD
SUITE 300W
BOCA RATON, FLORIDA 33431
TELEPHONE (561) 391-5555
FAX (561) 995-7132

April 22, 2003

State of Florida
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

**RE: Articles of Amendment for/PROFESSIONAL OUTPATIENT PHYSICAL
THERAPY ASSOCIATION, INC.**

Dear Sir/Madam:

Enclosed please find check in the amount of \$35.00 for filing of Articles of Amendment to the Articles of Incorporation for the above-referenced corporation.

Your expediency in returning the filed Articles of Amendment is appreciated.

Should you have any questions, please do not hesitate to call our office.

Very truly yours,


Robert I. Claire, Esq.

RIC/mh

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

PROFESSIONAL OUTPATIENT PHYSICAL THERAPY ASSOCIATION, INC.

Pursuant to the provisions of Section 607.1006, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Article of Incorporation:

FIRST:

The name of the corporation has been amended as follows:

PROFESSIONAL OUTPATIENT PHYSICAL THERAPY ASSOCIATES, INC.

SECOND:

The effective date of this amendment is - April 1, 2003.

THIRD:

The foregoing Amendment(s) was adopted by the Board of Directors and approved by the unanimous consent of all Shareholders of the Corporation on April 1, 2003 .

Signed this 1ST day of APRIL, 2003.

**PROFESSIONAL OUTPATIENT PHYSICAL
THERAPY ASSOCIATION, INC.
n/k/a PROFESSIONAL OUTPATIENT PHYSICAL
THERAPY ASSOCIATES, INC.**

BY: _____

Joseph Diaz
President

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 1ST day of APRIL, 2003, by JOSEPH DIAZ, President of PROFESSIONAL OUTPATIENT PHYSICAL THERAPY ASSOCIATION, INC. n/k/a PROFESSIONAL OUTPATIENT PHYSICAL THERAPY ASSOCIATES, INC. who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

My commission expires:

NOTARY PUBLIC



Robert Claire
MY COMMISSION # DD010988 EXPIRES
March 27, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

FILED
03 APR 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA