## PD30000039206

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AMUNA (1) 5/10/15

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** MDR REHAB INC NAME OF CORPORATION: P03000039206 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID SZMIGA Name of Contact Person MDR REHAB INC Firm/ Company 601 N CONGRESS AVE. UNIT 411 Address **DELRAY BEACH, FLORIDA 33445** City/ State and Zip Code dszmiga@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID SZMIGA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section **Amendment Section** Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

ON SECUL E
Als May Secretary
- May Sould
12 104

MDR REHAB INC

P03000039206		tly filed with the Florida Dept. of State)	
		· /	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name	of the corporation:		
		The new	
	n "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		601 N CONGRESS AVE., UNIT 411	
		DELRAY BEACH, FLORIDA 33445	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		601 N CONGRESS AVE., UNIT 411	
		DELRAY BEACH, FLORIDA 33445	
D. If amending the registered agent and/or new registered agent and/or the new re			
	VID SZMIGA	<del></del>	
	I N CONGRESS AVE	3., UNIT 411	
_	(Florida s	street address)	
		33445	
DE New Registered Office Address:	ELRAY BEACH	. Florida	

## 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	RICH HOFFMAN	1085 KANE CONCOURSE
Add			BAY HARBOR ISLAND, FL 331:
Remove			
2) Change	D	DAVID SZMIGA	601 N CONGRESS AVE.
X Add			UNIT 411
Remove			DELRAY BEACH, FL 33445
3) Change			
_			
Add			
Remove			
4) Change			<del></del>
Add			- Ward - Ward
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
6) Change		•	
Add			<del></del>
Remove			

	WLA1 1, 2013	5/1/2015	<b></b>
The date of each amendment(s) a	doption:	3/1/2019	, if other than th
date this document was signed.		•	
	AY 1, 2015		
Effective date <u>if applicable</u> :			<del></del>
	(no more than 9	0 days after amendment file date	;)
Note: If the date inserted in this locument's effective date on the De		able statutory filing requirement	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ad by the shareholders was/were so		number of votes cast for the am	endment(s)
☐ The amendment(s) was/were ap must be separately provided for		ough voting groups. The following wote separately on the amendme	
"The number of votes cast	for the amendment(s) was/wer	e sufficient for approval	
by		,,,	
	(voting group)		
☐ The amendment(s) was/were ad action was not required.			
The amendment(s) was/were ad action was not required.	opted by the incorporators with	out shareholder action and share	holder
APRIL 23	, 2015		
Dated		<u></u>	
Signature			
	director, president or other offic	er if directors or officers have	not been
		e hands of a receiver, trustee, or	
	nted fiduciary by that fiduciary)		
•••	RICHARD H. HOFFMAN		
			<del></del>
	( ) yped or printed i	name of person signing)	
	DIRECTOR/PRESIDENT		
	(Title (	of nerson signing)	