# B3000067700

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	DRPORATION: REHABILITA	TION DIAGNOSTIC CENTER OF 8TH	STREET, INC.
DOCUMENT	NUMBER: P03000067700		
The enclosed A	rticles of Amendment and fee	e are submitted for filing.	
Please return al	l correspondence concerning	this matter to the following:	
	DR OSCAR MENDEZ TURINO		
_	(Nam	ne of Contact Person)	
	u.	41 ·	
_		Firm/Con "	
2	324 SW 8 ST		
		(Address)	
<u>N</u>	IIAMI, FL 33135		
	(City/	State/ and Zip Code)	
For further info	rmation concerning this matte	er, please call:	
DR OSCAR ME	NDEZ TURINO	at ( 305 ) 975-3772	
(1)	Name of Contact Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a cl	heck for the following amount	:	
<b>Ø</b> \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
]	Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327	Street Address Amendment Section Division of Corporat 409 E. Gaines Street	ions

Tallahassee, FL 32399

Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2008

Dr. Oscar Mendez Turino 2324 SW 8 St. Miami, FL 33135

SUBJECT: REHABILITATION DIAGNOSTIC CENTER OF 8TH STREET, INC.

Ref. Number: P03000067700

We have received your document for REHABILITATION DIAGNOSTIC CENTER OF 8TH STREET, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 308A00048328



Articles of Amendment to Articles of Incorporation of FILED

2008 SEP 16 PM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIBA

### REHABILITATION DIAGNOSTIC CENTER OF 8TH STREET, INC.

P03000067700

(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 Florida Profit Corporation

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)
REGISTERED AGENT:
DELETE: CARLOS J PEREZ 2324 SW 8 ST MIAMI, FL 33135
ADD: OSCAR MENDEZ TURINO 2324 SW 8 ST MIAMI, FL 33135
OFFICERS & DIRECTORS:
DELETE: ARAMIS CABALLERO 2324 SW 8 ST MIAMI, FL 33135
ADD: OSCAR MENDEZ TURINO 2324 SW 8 ST MIAMI, FL 33135
•
(Attach additional pages if necessary)
If 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)
(continued)

The date of	of each amendment(	(s) adoption: 08/	21/2008			
Effective of	date if <u>applicable</u> : 0	8/21/2008				
•		(no more than 90 da	ay's after amendment file date)			
Adoption	of Amendment(s)	(CHECK	ONE)			
			ed by the shareholders. The number of votes cast for s was/were sufficient for approval.			
	following statement	amendment(s) was/were approved by the shareholders through voting groups. The wing statement must be separately provided for each voting group entitled to vote rately on the amendment(s):				
	"The number of	votes cast for the	amendment(s) was/were sufficient for approval by			
			(voting group)			
	The amendment(s) v and shareholder action		l by the board of directors without shareholder action red.			
Ø	The amendment(s) v shareholder action w		by the incorporators without shareholder action and			
Signed this	s <u>21</u> day of <u>A</u>	NUGUST				
	-sefecte	rector, president or d, by an incorporate ted fiduciary by that	other officer - if directors or officers have not been or - if in the hands of a receiver, trustee, or other court			
	ARAN	IIS CABALLERO				
		(Typed or	printed name of person signing)			
	PRES	IDENT				
	<del></del>		(Title of person signing)			

FILING FEE: \$35

## REHABILITATION DIAGNOSTIC CENTER OF 8th. STREET, INC.

2324 S.W. 8<sup>th</sup>. Street Mlami, FL 33135. Phone: (305) 643-0535 Fax: (305) 642-9360

Miami, September 12, 2008.

FLORIDA DEPARTMENT OF STATE Division of Corporation Tallahassee, State of Florida:

REF: Change of Registered Agent.

Dear Sir / Madam:

- I, Carlos J. Perez, Registered Agent for <u>REHABILITATION DIAGNOSTIC CENTER OF</u> <u>8th. STREET, INC.</u>, located at: 2324 SW 8<sup>th</sup>. Street, Miami, FL: 33135, hereby am renouncing to all my rights and duties as registered agent for this corporation, effective on today's date, September 12, 2008.
- I, Oscar Mendez Turino, am assuming all the rights, duties and responsibilities corresponding to the Registered Agent of <u>REHABILITATION DIAGNOSTIC CENTER OF</u> 8th. STREET, INC., located at: 2324 SW 8th. Street, Miami, FL: 33135, effective on today's date, September 12, 2008.

Signed by own hand in Miami, Florida, on September 12, 2008:

All Same States

Carlos J. Perez

OF MENT !

र प्रेरान्स

Oscar Mendez Turino