

P03000092320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700057524267

07/19/05--01038--003 **35.00

FILED
05 AUG 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
CRS
8/22



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2005

AIDA ALAYON
INJURY HEALTH CARE THERAPY, INC.
10330 NORTH DALE MABRY HWY, SUITE 201
TAMPA, FL 33618

SUBJECT: INJURY HEALTH CARE THERAPY, INC.
Ref. Number: P03000092320

We have received your document for INJURY HEALTH CARE THERAPY, 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 incorporator(s) cannot be amended or changed. Please correct your document accordingly.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6880.

Karen Gibson
Document Specialist

Letter Number: 705A00047856

RECEIVED
05 AUG 19 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INJURY HEALTH CARE THERAPY, INC.

DOCUMENT NUMBER: P03000092320

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTIAGO CABRERA

(Name of Contact Person)

INJURY HEALTH CARE THERAPY, INC.

(Firm/ Company)

10330 NORTH DALE MABRY STE 201

(Address)

TAMPA, FL 33618

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

SANTIAGO CABRERA

(Name of Contact Person)

at (813) 265-2260

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
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

INJURY HEALTH CARE THERAPY, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P03000092320

(Document number of corporation (if known))

FILED
05 AUG 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)**

ARTICLE 5- DELETE- OSCAR LOPEZ JR - PRESIDENT

ARTICLE 5 - ADD - JACQUELINE ESCANDELL - PRESIDENT

ARTICLE 5 - DELETE - OSCAR LOPEZ JR - TREASURE

ARTICLE 5 - ADD - SANTIAGO CABRERA - TREASURE

ARTICLE 6 - DELETE - OSCAR LOPEZ JR - DIRECTOR

ARTICLE 6 - ADD - JACQUELINE ESCADELL - DIRECTOR

(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 each amendment(s) adoption: 7/22/05

Effective date if applicable: 08/17/05
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

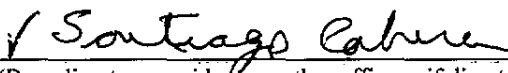
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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

(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.

Signed this 15 day of AUGUST, 2005.

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)

SANTIAGO CABRERA
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

FILING FEE: \$35