P030000923Z0

(Re	equestor's Name)	
(Ad	ldress)	
•	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nam	ne)
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11/15/10--01021--017 **35.00

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Amend Newis 11-18-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION:	INJUR	Y HEA	LTH CARE T	HER	APY, INC.
DOCUMENT NUM	ENT NUMBER: P03000092320					
The enclosed Article	es of Amendment	and fee are s	submitte	d for filing.		
Please return all cor	respondence cond	erning this m	atter to	the following:		
_	JACQUELINE ESCANDELL Name of Contact Person					
		Name	e of Cont	act Person		
INJURY HEALTH CARE THERAPY INC						
		F	irm/ Con	npany		
_	5537 SHELDON RD STE F					
Address						
_	TAMPA, FL, 33615					
		City/	State and	Zip Code		
	E-mail address	NJURYHCOS s: (to be used fo	9@YAH r future a	HOO.COM	tion)	
For further informat	ion concerning th	is matter, ple	ase call	:		
JACQUE	ELINE ESCAND	ELL	at (813)	53 ⁻	1-1050
Name o	f Contact Person			Area Code & Dayti	me Telep	phone Number
Enclosed is a check	for the following	amount made	e payab	le to the Florida I	Departn	nent of State:
☑ \$35 Filing Fee	□ \$43.75 Filing F Certificate of S		Cer	75 Filing Fee & tified Copy ditional copy is enclo		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of O P.O. Box 632 Tallahassee,	Section Corporations 27		Amer Divis Clifto	t Address Idment Section Ion of Corporation In Building Executive Center		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

INJURY HEALTH	H CARE THERAP	Y, INC. da Dept. of State) ALECTICAL OWN))
(Name of Corporation as curre		da Dept. of State) Sp. NOV /5	,
	0000092320	MECHEN P 1.	0-
	ber of Corporation (if kn	own)	05
arsuant to the provisions of section 607.1006 nendment(s) to its Articles of Incorporation:	6, Florida Statutes, this I		
If amending name, enter the new name of	the corporation:		
		The nev	N
me must be distinguishable and contain to breviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "proj	designation "Corp," "In fessional association," or	nc," or "Co". A professional corporation	
Enter new principal office address, if appl			
rincipal office address <u>MUST BE A STREE</u>	I ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u></u>		
30 31 32 33 33 34 35 35 35 35	-		
lf amending the registered agent and/or renew registered agent and/or the new regis		in Florida, enter the name of the	
2000 Togistered agent units of the new Tegis	tered office address.		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
-	(City)	, Florida (Zip Code)	
	(Chy)	(Zip Code)	
w Registered Agent's Signature, if changin ereby accept the appointment as registered ag		and accept the obligations of the position.	
Si	gnature of New Registere	ed Agent, 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)

' <u>Title</u>	<u>Name</u>	Address	Type of Action	
<u>P</u>	JACQUELINE ESCANDEL	5537 SHELDON RD STE F TAMPA, FL, 33615		
PDMG	OSCAR L. HERNANDEZ	5537 SHELDON RD STE F TAMPA, FL, 33615	_ □ Add _ □ Remove	
D	OSCAR L. HERNANDEZ	5537 SHELDON RD STE F TAMPA, FL, 33615		
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be spec			
F. If an amendment provides for an 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)				

The date of each amendmen	t(s) adoption: 11	/11/2010
Effective date <u>if applicable</u> :	11/11/2010	(date of adoption is required)
	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	(ECK ONE)
The amendment(s) was/we by the shareholders was/w	• •	shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		.,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated 11/1	11/10	
Signature _		
sel		dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		OSCAR L. HERNANDEZ
	(Ту	ped or printed name of person signing)
		PDMG
	(Title of	f person signing)