

P04000012894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

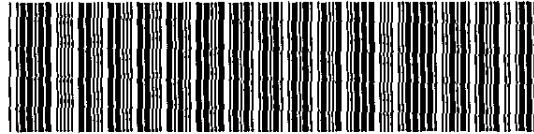
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Amend

G. Goulette OCT 08 2004

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Maritza 10/7/04

Cast Management

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Health and Wellness Physical
Therapy Inc.

() Profit

() NonProfit

☒ Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

() Certificate Under Seal

☒ Call When Ready

() Call If Problem

() After 4:30

☒ Walk In

() Will Wait

☒ Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF AMENDMENT
TO
THE ARTICLES OF ORGANIZATION FOR HEALTH AND WELLNESS PHYSICAL THERAPY INC.

FIRST :

ARTICLE 3 EFFECTIVE DATE

THIS ARTICLES OF AMENDMENT SHALL BE EFFECTIVE IMMEDIATELY.

ARTICLE 4 SHARES AUTHORIZED

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN DOLLARS (\$10.00) PER SHARE UPON ISSUANCE.

ARTICLE 6 REGISTERED OFFICE AND REGISTERED AGENT

REGISTERED AGENT SHALL BE : LOUIS F. CAST OF 4805 NW 79 AVENUE SUITE
9 DORAL, FLORIDA 33166

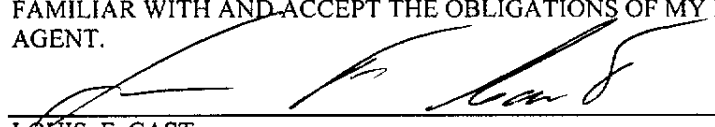
ARTICLE 7 OFFICERS AND DIRECTORS

THE NEW OFFICERS WHICH ARE ALSO SAID CORPORATION'S DIRECTORS ARE
AS FOLLOWS :

PRESIDENT	: EDUARDO RODRIGUEZ
VICE PRESIDENT	: JAIME RUIZ
SECRETARY	: EDUARDO RODRIGUEZ
TREASURER	: JAIME RUIZ

WHOSE ADDRESS SHALL BE THE SAME AS THE PRINCIPAL OFFICES OF THE COMPANY.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED AS THE REGISTERED OFFICE 4805 NW 79 AVENUE SUITE # 9 MIAMI, FLORIDA 33166 I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



LOUIS F. CAST

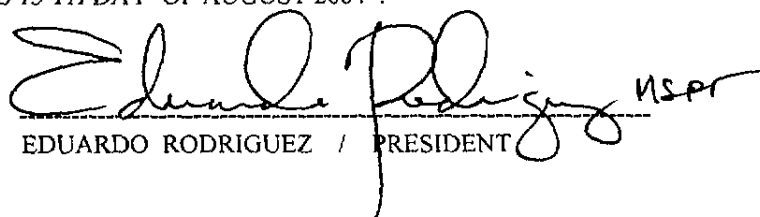
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SECOND : ADOPTION OF AMENDMENTS

THE AMENDMENTS WERE APPROVED BY THE SHAREHOLDERS. THE
NUMBER OF VOTES CAST FOR THE AMENDMENT WERE SUFFICIENT FOR APPROVAL.

SIGNED THIS 13 TH DAY OF AUGUST 2004 .

SIGNATURE

 NSPR
EDUARDO RODRIGUEZ / PRESIDENT