

PD400054843

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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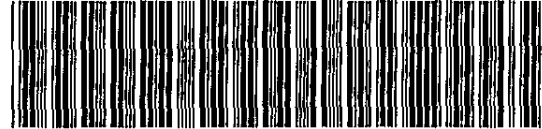
(Business Entity Name)

(Document Number)

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04/30/04--01038--018 \*\*43.75

FILED  
16 APR 30 PM 12:25  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

Is filed  
4/30/04

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Adding Directors

**DOCUMENT NUMBER:** P04000054843

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

Please return all correspondence concerning this matter to the following:

DERAR M. MAHMOUD

(Name of Person)

ULTIMATE THERAPY & CONSULTING SERVICES, INC.

(Name of Firm/ Company)

12333 APPLE LEAF DRIVE

(Address)

JACKSONVILLE - FLORDIA 32224

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

DERAR MAHMOUD

(Name of Person)

at ( 904 ) 994-4123

(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

FILED  
04 APR 30 PM 12:25

ULTIMATE THERAPY & CONSULTING SERVICES, INC.  
(Name of corporation as currently filed with the Florida Dept. of State)

FLORIDA DEPT. OF STATE  
TALLAHASSEE, FLORIDA

P04000054843

(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.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**ASSIGN:**

1- MR. REDA SHIHADDEH AS THE CEO FOR ULTIMATE THERAPY & CONSULTING SERVICES, INC.

ADDRESS: 3533 LONE TREE LANE JAX- FL 32216

PHONE: 904-874-1223

2- MR. HUSSAM MAWAJDEH AS THE VICE PRESIDENT OF ULTIMATE THERAPY

& CONSULTING SERVICES, INC.

ADDRESS: 8550 TOUCHTON RD EAST APT#134

JACKSONVILLE - FLORIDA 32216

PHONE: 904-565-1631

(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: 4/26/2004

Effective date if applicable: 4/26/2004

(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 26TH day of APRIL, 2004.

Signature

DERAR MAHMOUD  
(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)

DERAR M. MAHMOUD

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**