### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000266273 3)))



H110002662733ABC

	Doing so will generate another cover sheet.	<u>=</u>
To:	HE ANS	9- ¥ -8
	Division of Corporations	
	Fax Number : (850) 617-6380	- K
From:		ىپ
	Account Name : EXPRESS CORPORATE FILING SERVICETING.	ان
	Account Number: I20000000146	$\circ$
	Phone : (305)444-4994	
	Fax Number : (305)444-4977	

annual report mailings. Enter only one email address please.\*\*

Email	Address:			

HECEIVED 11 ROY -8 AM 8: 00 TEXATÁSSEE FERRA

# COR AMND/RESTATE/CORRECT OR O/D RESIGN PACIFIC MEDICAL & REHABILITATION CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

Braun 11-8-11

#### Articles of Amendment to Articles of Incorporation of

## PACIFIC MEDICAL & REHABILITATION CENTER INC.

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

P04000071486

(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:

#### A. If amending name, enter the new name of the corporation:

The new name must be distinguishable "incorporated" or the abbreviation "Corp"Co". A professional corporation in association," or the abbreviation "P.A."	o.," "Inc.," or Co.," or the designation	on "Corp," "Inc," or
B. Enter new principal office address, if (Principal office address MUST BE A STR		<u> </u>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		,
,		
D. If amending the registered agent and/ new registered agent and/or the new r	or registered office address in Florida, egistered office address:	onter the name of the
Name of New Registered Agent:	JOSE À NUNEZ	·
	2112 W 68 STREET	
New Registered Office Address:	(Florida streat address)	<del></del>
	HIALEAH	, Florida 33016
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

now want the reco	ne Officers and/or Directors, p rd to be. Please indicate the titl index up to 6 officers/directors.	e(s), name and add	ress for each officer/dire	ctor.
on an additional sh Title(s)	ect.) <u>Name</u>		Address.	
1) PRS	JOSE G VALIENTE	8328 5	W 40 STREET	,
•		MIAMI FL	ORIDA 33165	<u>-</u>
2)	·	<u> </u>		
3)		<del></del>		<del></del>
				<del></del>
4)				
_			<u> </u>	
5)			<u> </u>	
6)		<del></del>		
<u>"</u>	**************************************	·		<del></del>
If REMOVING an removed:	officer and/or director, pleas	e list the title(s) a	nd name of the officer/d	irector to be
Title(s)	Name	Title(s)	Name	
1)PRS	MARCOS LEDESMA	4)	<u> </u>	•
2)		5)	· · · · · · · · · · · · · · · · · · ·	<del></del>
*		6		

ttach additional sheets, ij	f necessary).	(Be speci	ific)				
				·			
				<del>.</del> .		,	
				· · · · · · · · · · · · · · · · · · ·		·	
	-						
							•
				,	•		
		<del></del>					
							****
		· ·		•		<u>-</u>	
<del></del>							
f an amendment provid provisions for implemen	ting the ame	nange, rec	lassification not contai	on, or can	cellation amend	of issued	l share
f an amendment provid provisions for implemen (if not applicable, indi	ting the ame	hange, rec adment if	lassification not contai	on, or can ned in the	cellation amend	of issued	l shari L:
rovisions for implemen	ting the ame	hange, rec adment if	lassification not contai	on, or can ned in the	cellation amend)	of issued	l sharı L
rovisions for implemen	ting the ame	hange, rec adment if	lassificatio	on, or can ned in the	cellation amend)	of issued	l shari
rovisions for implemen	ting the ame	hange, rec adment if	lassificatio	on, or can ned in the	cellation amend	of issued	l sharr
rovisions for implemen	ting the ame	hange, rec ndment if	lassification not contai	on, or can ned in the	cellation amend)	of issued	l shari
rovisions for implemen	ting the ame	hange, rec ndment if	lassification not contai	on, or can ned in the	cellation amend)	of issued	t share
rovisions for implemen	ting the ame	hange, rec ndment if	lassification not contai	on, or can ned in the	cellation amend)	of issued	l share
rovisions for implemen	ting the ame	hange, rec ndment if	lassification not contai	on, or can	cellation amend)	of issued	l shari
rovisions for implemen	ting the ame	hange, rec	lassification not contai	on, or can	cellation amend)	of issued	l shari
rovisions for implemen	ting the ame	hange, rec	lassification not contain	on, or can	cellation amend)	of issued	l shari

The date of each amendmen	t(s) adoption: 11/03/	2011
Effective date if applicable:	11/03/2011	date of adoption - required)
	ino more than 90 days	after amendment file date)
Adoption of Amendment(s)	(CHECK O	DNE)
The amendment(s) was/we by the shareholders was/w		olders. The number of votes cast for the amendment(s)
		holders through voting groups. The following statemen entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s	e) was/were sufficient for approval
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board o	f directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorpor	rators without shareholder action and shareholder
Dated 11/	03/2011	
Signature /	73.000 (l	14-
(B)	a director, president or o	ther officer — if directors or officers have not been — if in the hands of a receiver, trustee, or other court iductary)
•	MARCOS LEDE	SMA
	(Typed or p	rinted name of person signing)
•	PRESIDENT	
	(Title	of serios cigning)