The files with the control of the co

Florida Department of State

Division of Corporations Public Access System

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.

(((H08000053405 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

· From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694

Fax Number : (305)633-9696

COR AMND/RESTATE/CORRECT OR O/D RESIGNS

TRI-COUNTY REHABILITATION INC.

| Certificate of Status | | Marie Carlo Ca | 0 |
|-----------------------|-------------|--|---------|
| Certified Copy | | | 1 |
| Page Count | -·· | | 02 |
| Estimated Charge | | , | \$43.75 |

Electronic Filing Menu Corporate Filing Menu

Help

2/29/2008 10:57 AM

EMPIRE CORP KIT

81:01 8002/60/60



February 29, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TRI-COUNTY REHABILITATION INC. 225 NE 34 STREET

211

MIAMI, FL 33137

SUBJECT: TRI-COUNTY REHABILITATION INC.

REF: P04000109260

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H08000053405 Letter Number: 708A00012862

MECEIVEL 2008 MAR -3 AM 8: 00 SECRETARY OF STATE FALLAHASSEE. FLORIGA

P.O BOX 6327 - Tallahassee, Florida 32314



H08000053405

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF TRI-COUNTY REHABILITATION INC.

P04000109260 (Present Name of Corporation)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendments to its articles of incorporation:

FIRST: Amendment(s) adopted: Indicate article number(s) being amended, added or deleted.

PLEASE DELETE REG AGENT/P/S/D: LAZARO MARTINEZ

ADD AS REG AGENT/P/S/D: CARIDAD M. SUAREZ, 225 NE 34 STREET SUITE 211, **MIAMI FL 33137**

ADD AS VP/T/D: BARBARA F SUAREZ, 225 NE 34 STREET SUITE 211,MIAMI FL 33137

SECOND: 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, are as follows:

THIRD: The date of each amendments adoption: FEBRUARY 22, 2008

FOURTH: Adoption of Amendment(s) (CHECK ONE)

| X | The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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): AThe number of votes cast for the amendment(s) was/were sufficient for approval by A. (Voting group) |
| | The amendment(s) was/were adopted by board of directors without shareholder action and shareholder action was not required. |
| | The amendment(s) was/were adopted by the incorporator without shareholder action and shareholder action was not required. |

SIGNED THIS 28 DAY OF FEBRUARY, 2008

(By the Chairman or Vice Chairman of the Board of Directors, President, Incorporator, Director, Registered Agent or other officer if adopted by the shareholders.)

TYPED OR PRINTED NAME: CARIDAD M. SUAREZ TITLE:PRESIDENT

H08000053405

81:01 8002/60/60 9696889908

H08000053405

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

TRI-COUNTY REMADILITATION INC.

MISHI, F1. 33137

Po 400 57 079

(Document Number of Correctation)

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in the Articles of Incorporation, I hereby accept the appointment as Registered and agree to act in this capacity. I further agree to comply with the provisions of all statues 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.

Registered Agent Signature

CALIDAD M. SULEZ.
Printed Name

H080000 53405