

PO4000 117600

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☐ PICK-UP

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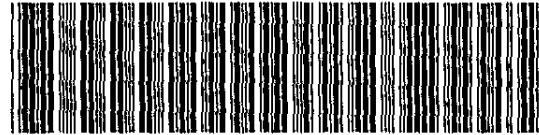
(Business Entity Name)

(Document Number)

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FILED
04 DEC 15 PM 1:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

Approved
12/17/04

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MED. MEDICAL REHAB, INC

DOCUMENT NUMBER: P04000117623

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

Please return all correspondence concerning this matter to the following:

HERNANDO PENA

(Name of Contact Person)

MED. MEDICAL REHAB, INC

(Firm/ Company)

10015 W OKECHOOBE RD APT 102

(Address)

HIALEAH, FL 33016

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

HERNANDO PENA

(Name of Contact Person)

at (305) 403-4094

(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

MED. MEDICAL REHAB, INC

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

P04000117623

(Document number of corporation (if known))

FILED
04 DEC 15 PM 1:42
TREASURY OF STATE
HALLANDALE BEACH, FLORIDA

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.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

CHANGE OF ADDRESS: PRINCIPAL AND MAILING ADDRESS

OLD PRINCIPAL ADDRESS	NEW PRINCIPAL ADDRESS
10015 W OKEECHOBEE RD APT 102	5590 W 20 AVE SUITE # 203
HIALEAH, FL 33016	HIALEAH, FL 33016
OLD MAILING ADDRESS	NEW MAILING ADDRESS
10015 W OKEECHOBEE RD APT. 102	5590 W 20 AVE SUITE # 203
HIALEAH, FL 33016	HIALEAH, FL 33016

(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: 12/07/2004

Effective date if applicable: IMMEDIATE
(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
100.00 %
" (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 7 day of DECEMBER, 2004

Signature

(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)

HERNANDO PENA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35