## P04000123443

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: GULF COA	ST HEALTH CARE & RE	HABILITATION CENTER, INC
DOCUMENT NUMBE	R:	P04000123443	<del></del>
The enclosed Articles of	Amendment and fee a	re submitted for filing.	
Please return all corresp	ondence concerning thi	s matter to the following:	
<u></u>	··	SAINTUMA	
	(Name o	of Contact Person)	
GULF C		E & REHABILITATION CE	NTER, INC
	(Fiz	m/Company)	
<u>,</u>	<del></del>	NTRAL AVENUE (Address)	
		(Montess)	
		S, FL 34103 tate and Zip Code)	
For further information	• •	· ·	
YOLENE S	<del></del>	at ( 239 ) 601-6	
(Name of Co	ontact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	he following amount:		
35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section of Corp. P.O. Box 6327 Tallahassee, FL	tion orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## GULF COAST HEALTH CARE & REHABILITATION CENTER, INC

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

P04000123443
(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.") (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)
PLEASE ADD MR DANIEL, REBECA, (PRESIDENT)
3006 BARRETT AVENUE, NAPLES, FL 34112-4460
₹. 0
SEF
ASS.
SEC 3
FLORID
(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)

The date of each amendment(s) adoption: 09/23/2005
Effective date if applicable: 09/23/2005
(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.
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)
YOLENE SAINTUMA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35