Page 1 of 1

# 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.

(((H05000254570 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) 205-0380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977 2005 NOV -1 PH 2: 52

RECEIVED

05 NOV - 1 AM 8: 00

1, 1319H OF CORFUSATION

## **BASIC AMENDMENT**

## PHYSICAL THERAPY CLINIC OF FLAGLER, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

Macinople Pling Inch

Conscion Plant

Public Access Hale

G. Couliette NOV 0 1 2005

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

11/01/2005

NOA 01 S002 S:S36W ECES

T \* d

202444B0E

### (((H05000254570)))

# Articles of Amendment Articles of Incorporation a**f**

PHYSICAL THERAPY CLINIC OF FLAGLER, INC.

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

#### P04000137682

(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):

| (Aftist 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 ABOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)   |
| ARTICLE VII THE NEW BOARD OF DIRECTOR OF THIS  |
| CORPORATION IS:  |
| DANYS ARTEAGA AS PRESIDENT WITH ADDRESS AT: 8860 SW  |
| TT STREET., MIAMI, FL 33174-3203   |
| MEDIT.   |
| ARTICLE VTHE NEW REGISTERED AGENT OF THIS  |
| CORPORATION IS:  |
| DANYS ARTEAGA WITH ADDRESS AT: 8860 SW 11 STREET   |
| MIAMI, FLORIDA 33174-3203  |
| (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)                           |
| DANYS ARTEAGA OWNER OF 100 SHARES  |
|  |
|  |
| (continued)  |

ECER Mov of Soos S:S3PM

# (((H05000254570)))

| The date of each amendment(s) adoption: 11/01/2005   |
|--|
| Effective date if applicable: 11/01/2005   |
| (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 east 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%  (voting group)  |
| (voting group)   |
| The amendment(s) was/were adopted by the board of directors without shareholder action<br>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 is the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  |
| ALEXANDER RODRIGUEZ  |
| (Typed or printed name of person signing)  |
| PRESIDENT  |
| (Title of person signing)  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to combly with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Ur, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| (Dignature of Registered Assert) (Date)  |
| (Algorithm of Registered Agent)  If signing on behalf of an entity:  |
| DANYS ARTEAGA  |
| (Typed or Printed Name)  |
|  |