

**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.**

(((H09000223577 3)))



H090002235773ABC2

**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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 09 OCT 19 AM 9:17

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**A1 USA REHAB CENTER CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

*Amend*  
*10/20/09*

RECEIVED  
 2009 OCT 19 AM 8:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

#09000223577

ARTICLES OF AMENDMENT OF AI USA REHAB CENTER CORP.

1. The following Amendment to the Articles of Incorporation of AI USA REHAB CENTER CORP. was approved: P04000169336

a) The officer and director of the the Corporation was changed as follows:

Rodolfo V. Arraurana, President and Director of the corporation is hereby substituted as follows:

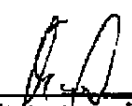
New President and Director: Agustin Suarez

New Secretary and Director: Rafael Osorio

There are no other officers or directors of the corporation at this time.

b) This Amendment was adopted on the 14th day of October, 2006.

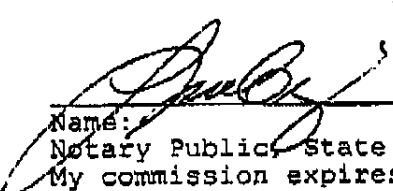
c) This Amendment was adopted by the Board of Directors and ALL the Shareholders of the Corporation, who attended a special meeting on the 14TH day of October, 2009, when this Amendment was discussed, approved and ratified.

  
Agustin Suarez, President

SWORN TO AND SUBSCRIBED before me this 14th day of October, 2009.



LUIS CRUZ  
MY COMMISSION # DO 620614  
EXPIRES: April 1, 2010  
Became This Day's Notary Services

  
Name: \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

Personally known to me [ X ] or Produced Identification [ ☒ ]  
Type of identification produced FLA DRIVER'S LICENSE

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
09 OCT 19 AM 9:17

#09000223577