

Pa5000005528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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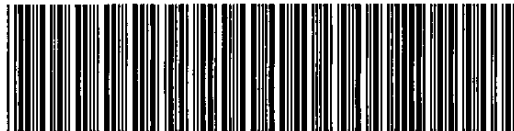
(Business Entity Name)

(Document Number)

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FILED
2006 NOV -9 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C. Coulliette NOV 09 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IDEAL REHABILITATION INSTITUTE, INC

DOCUMENT NUMBER: P05000005528

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

Please return all correspondence concerning this matter to the following:

ORESTE GUILLEN

(Name of Contact Person)

IDEAL REHABILITATION INSTITUTE, INC

(Firm/ Company)

1800 WEST 49TH STREET # 126-128

(Address)

HIALEAH, FL 33012

(City/ State and Zip Code)

For further information concerning this matter, please call:

DAYAMI CAPIRO

(Name of Contact Person)

at (305) 824-0036

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

IDEAL REHABILITATION INSTITUTE, INC

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

P050000005528

(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):

NO CHANGE

(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**)

ARTICLE V: ADDITION OF OFFICER:

DAYAMI CAPIRO VICE-PRESIDENT

8290 WEST 18TH LANE HIALEAH, FLORIDA 33014

CHANGE OF ADDRESS:

1800 WEST 49TH STREET # 126-128

HIALEAH, FL 33012

(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)

STOCK: 50% SHARES: DAYAMI CAPIRO

50% SHARES: ORESTES GUILLEN

(continued)

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TALLAHASSEE, FLORIDA

FILED

The date of each amendment(s) adoption: JUNE 19, 2006

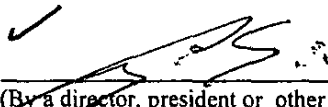
Effective date if applicable: JUNE 19, 2006
(no more than 90 days after amendment file date)

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)

ORESTES GUILLEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35