

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.

(((H13000148491 3)))



H130001484913ABC+

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 : ALLSTATE MEDICAL CONSULTING, INC.

Account Number: I20110000067

: (786)362-0124

Fax Number

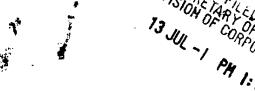
: (786)558-4546

the email address for this business entity to be used for futura annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN PRIME MEDICAL & REHAB SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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



to	
Articles of Inc	•
of	in the second se
PRIME MEDICAL & REHAB SERVICES,	, INC.
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P05000040812	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
•	3970 W FLAGLER ST. SUITE 101
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33134
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OPFICE BOX)	3970 W FLAGLER ST. SUITE 101
(Mauing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33134
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: Name of New Registered Agent	
(Florida stre	zei address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	

Page 1 of 4

Signature of New Registered Agent, If changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer: S = Secretary; D = Director; TR = Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	CRESPO, NADINE O	3970 W FLAGLER ST. SUITE 101
Ađd			MIAMI, FL 33134
Remove			
2) Change	P	HURTADO, DIANA L.	3970 W FLAGLER ST. SUITE 101
X Add			MIAMI, FL 33134
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Page 2 of 4

ttach additional sheets, if necessary).	(Be specific)
n amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: .
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: .
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: .
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, end ment if not contained in the amendment itself:

Page 3 of 4

7865584546

The date of each amendment(s) adoption: 06/28/2013				
Effective date <u>if applicable</u>	:			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.			
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):			
"The number of vot	es cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder			
☐ The amendment(s) was/waction was not required.	ere adopted by the incorporators without shareholder action and shareholder			
. Dated	6/28/13			
Signature _	Afristo			
	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)				
	(Typed or printed name of person signing)			
President				
(Title of person signing)				

. . . .