P05000051007

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MILLENNIUM REHA	BILITATION CENTER, INC.
DOCUMENT NUMBER: P05000051007	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
ELIZABETH GONZALEZ	
(Name of Co	ntact Person)
LIZ,INC.	<u> </u>
(Firm/ C	ompany)
1450 M. DERMOTT LD.	ress)
Royal Palu Beach, FC (City/State/a) For further information concerning this matter, plea	
ELIZABETH GONZALEZ	at (561) 642-2990
(Name of Contact Person)	(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 & □ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 20, 2005

ELIZABETH GONZALEZ 1450 MCDERMOTT LANE ROYAL PALM BEACH, FL 33411

SUBJECT: MILLENNIUM REHABILITATION CENTER, INC.

Ref. Number: P05000051007

We have received your document for MILLENNIUM REHABILITATION CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut Document Specialist

Letter Number: 205A00057677

Articles of Amendment to Articles of Incorporation of

MILLENNIUM REHABILITATION CENTER, INC.

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

RECREIASSEE, FLORIDA

P05000051007

(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)
ARTICLE VII-OFFICERS AND/OR DIRECTORS
DELETE OFFICER/DIRECTOR
TREASURER TO BE-DELETED
BETSIE KALICOS
2288 PINECREST CT.
WEST PALM BEACH,FL 33415
(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/

(continued)

The date of each amendment	(s) adoption: <u>58/16/05</u>
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action was not required.
☐ The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
Signed this 16th day of	AUGUST , 2005
Signature	Elin halicos.
selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
ELIN	N KALICOS
	(Typed or printed name of person signing)
DIRI	ECTOR
	(Title of person signing)

FILING FEE: \$35