

FROM : LAZARUS
VIA : 1011 corporations

FAX NO. : 3052201440

Aug. 22 2007 04:13PM PM
https://enic.sunbiz.org/scripts/eniccom.exe

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.

(((H07000211195 3)))



H070002111953ABC-

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

COR AMND/RESTATE/CORRECT OR O/D RESIGN
REHABILITATIVE TREATMENT FACILITY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 AUG 22 PM 3:21

RECEIVED
07 AUG 22 AM 8:00
DIVISION OF CORPORATIONS

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

Electronic Filing Menu

Corporate Filing Menu

Help

Ps for 107
James

FROM : LAZARUS

FAX NO. : 3052201440

FILED
AUG 22 2007 01:13 PM P2
DIVISION OF CORPORATIONS.

2007 AUG 22 PM 3:21

H 07000211195

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
REHABILITATIVE TREATMENT FACILITY, INC.
DOCUMENT No. P06000005638**

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles:

FIRST: Amendment (s) adopted: Indicate article number (s) being amended, added or deleted)

ARTICLE II

FILE AS FOLLOW:

The principal place of business address:

**3534 W FLAGLER ST
MIAMI, FLORIDA 33126**

The mailing address of the corporation is:

**3534 W FLAGLER ST
MIAMI, FLORIDA 33126**

REMOVE:

**11180 W FLAGLER ST STE 10
MIAMI, FL 33174**

NEW REGISTERED AGENT

*2 Officer Address
change only.*

FILE AS FOLLOW:

**ENEDYS M FERNANDEZ
3534 W FLAGLER ST
MIAMI, FLORIDA 33126**

H 07000211195

H 07 000 211 195

REMOVE:

ENEDYS M FERNANDEZ
11180 W FLAGLER ST 10
MIAMI, FLORIDA 33174

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature / Agent
ENEDYS M FERNANDEZ

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption August 21, 2007.

FOURTH: Adoption of Amendment (s) (Check one)

xx The amendment (s) was/were approved by shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

____ The amendment (s) was/were approved by shareholders through voting groups.

The following statements must be separately provided for each
Voting group entitled to vote separately on the amendment
(s):

H 07 000 211 195

FROM : LAZARUS

FAX NO. : 3052201440

Aug. 22 2007 01:13PM P4

H07000211195

The number of votes cast for the amendment (s) was/were
sufficient for approval by Board of Directors
(Voting Group)

___ The amendment (s) was/were adopted by the board of directors without shareholder
action and shareholder action was not required.

___ The amendments (s) was/were adopted by the incorporates without shareholders
action and shareholders action was not required.



Signature / President
ENEDYS M FERNANDEZ

REHABILITATIVE TREATMENT FACILITY, INC.

STATE OF FLORIDA)
) S.S.
COUNTY MIAMI DADE)

BEFORE ME, an officer duly authorized in the state aforesaid in the county
aforesaid to take acknowledgments, personally appeared the above persons
mentioned above and signature appeared to me known to be person described in
and who executed the same for the purposes therein they expressed.

WITNESS my hand and official seal in the County and State last aforesaid in this
21st of August of 2007



JOSE A GARCIA
NOTARY PUBLIC STATE OF
FLORIDA AT LARGE



H07000211195