

JUL 16 2009 5:58 AM

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**P060000140029**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : PADRON AND ASSOCIATES INC.  
Account Number : I20060000156  
Phone : (305) 818-0404  
Fax Number : (305) 818-0898

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

**DK HEALTH CARE REHAB CENTER, INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$35.00 |

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DK HEALTH CARE REHAB CENTER, INC.

DOCUMENT NUMBER: P06000014029

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

Please return all correspondence concerning this matter to the following:

RALPH PADRON

Name of Contact Person

PADRON & ASSOCIATES, INC.

Firm/ Company

2095 W 76 STREET - SUITE 102

Address

HIALEAH, FL 33016

City/ State and Zip Code

RALPH@RALPHPADRON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH PADRON

Name of Contact Person

at ( 305 )

818-0404

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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

DK HEALTH CARE REHAB CENTER, INC

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

P06000014029

(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:

A. If amending name, enter the new name of the corporation:

DK HEALTH CARE REHAB CENTER, INC.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

YANIA CORRIA

New Registered Office Address:

42 NW 27TH AVE SUITE 413

(Florida street address)

MIAMI

(City)

Florida 33125

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

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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)

| <u>Title</u>      | <u>Name</u>                               | <u>Address</u>  | <u>Type of Action</u>  |
|-------------------|---|---|--|
| <u>P</u>          | <u>BERRA MARTIN, REBECA</u>               | <u>42 NW 27TH AVE</u><br><u>SUITE 413</u><br><u>MIAMI, FL 33125 US</u>  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>PSTD</u>       | <u>CORRIA, YANIA</u>                      | <u>42 NW 27TH AVE</u><br><u>SUITE 413</u><br><u>MIAMI, FL 33125 US</u>  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>          </u> | <u>                                  </u> | <u>                                  </u><br><u>                                  </u><br><u>                                  </u> | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

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F. 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:  
(if not applicable, indicate N/A)

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No. No. 4670 P. 5

The date of each amendment(s) adoption: 07/08/2009

(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated 07/08/2009

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)

REBECA MARIA BERRA MARTIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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