

PO6000016297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

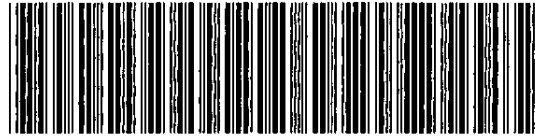
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BISCAYNE NEUROLOGIC REHABILITATION CENTER, INC.

DOCUMENT NUMBER: P06000016297

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

Please return all correspondence concerning this matter to the following:

SLYUSARCHUK MAKSIM

(Name of Contact Person)

BISCAYNE NEUROLOGIC REHABILITATION CENTER, INC.

(Firm/ Company)

18911 COLLINS AVE # 805

(Address)

SUNNY ISLES BEACH, FL 33160

(City/ State and Zip Code)

For further information concerning this matter, please call:

SLYUSARCHUK MAKSIM

(Name of Contact Person)

at (786) 277-7499

(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**

BISCAYNE NEUROLOGIC REHABILITATION CENTER, INC.

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

P06000016297

(Document number of corporation (if known))

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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)

Delete: Slyusarchuk Maksim - VP - 18911 Collins Ave # 805, Sunny isles Beach, FL 33160

no longer will be officer of Biscayne Neurologic Rehabilitation Center, Inc.

Add: South Florida Union LLC - VP- 2999 NE 191st street Suite # 905, Aventura, FL 33180 -

will serve as a VP of Biscayne Neurologic Rehabilitation Center, Inc.

(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)

(continued)

The date of each amendment(s) adoption: 08/15/2007

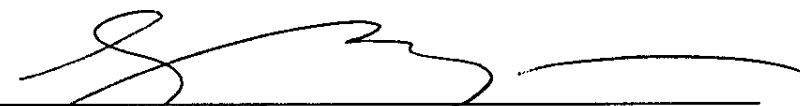
Effective date if applicable: 08/15/2007
(no more than 90 days after amendment file date)

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)

Slyusarchuk Maksim
(Typed or printed name of person signing)

Vice President
(Title of person signing)

FILING FEE: \$35