

PO6000078961

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten:
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*Curtis

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Center For Health & Rehab, Inc.

DOCUMENT NUMBER: P 06 0000 78961

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

Please return all correspondence concerning this matter to the following:

Joseph N. Barthelmy
(Name of Contact Person)

Center For Health & Rehab, Inc
(Firm/ Company)

6349 S. Orange Ave
(Address)

Orlando, FL 32809
(City/ State and Zip Code)

For further information concerning this matter, please call:

Joseph N. Barthelmy at (407) 506 2176
(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 &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2006

JOSEPH BARTHELEMY
6349 S. ORANGE AVE
ORLANDO, FL 32809

SUBJECT: CENTER FOR HEALTH & REHAB, INC.
Ref. Number: P06000078961

We have received your document for CENTER FOR HEALTH & REHAB, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 406A00058323

RECEIVED
OCT 11 AM 8:00
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

Center For Health & Rehab
(Name of corporation as currently filed with the Florida Dept. of State)

P06000078961

(Document number of corporation (if known))

FILED
06 SEP 11 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 V is being amended as follow:
The Initial Officer for the
corporation is: SARAH A. SCHNEIDER

Article VI is being amended as follow
The new registered agent for the
corporation is:
SARAH A. SCHNEIDER

(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)

CENTER FOR HEALTH AND REHAB, INC.

P.O. Box 585800

Orlando, Florida 32858

Tel.: 407-826-8966 / 407-826-8967

Fax: 407-826-8940

October 5, 2006

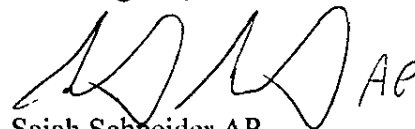
Ref. Number: P06000078961

To: Carol Mustain, Florida Division of Corporations

This is a letter of acceptance in agreement to terms of responsibility for the corporation of Center For Health and Rehab, Inc. located at 6349 S. Orange Ave. Orlando, FL 32809.

Please contact me if you need additional information.

Kind Regards,

A handwritten signature in black ink, appearing to read 'Saiah Schneider', followed by the letters 'AP' in a cursive style.

Saiah Schneider AP
Acupuncture Physician

The date of each amendment(s) adoption: 9/12/06

Effective date if applicable: 9/15/06
(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

[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)

Joseph N. Barthelmy
(Typed or printed name of person signing)

Director / Manager
(Title of person signing)

FILING FEE: \$35