P06000134616

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: REHAB IN	VESTMENTS OF NORTI	H CENTRAL FLQ
DOCUMENT NU	JMBER:	P06000134616	<u> </u>
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		URPHY RIVENBARK	
	N	ame of Contact Person	
	REHAB INVESTMENTS	OF NORTH CENTRAL FLO Firm/ Company	RIDA, INC.
	593	30 N.W. 54TH WAY	···
	,	Address	· .
English Andrew Andrew	GAINES	IVILLE, FLORIDA 32653	<u>. </u>
_		ity@bellsouth.net d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
W.	Murphy Rivenbark e of Contact Person	at (352) Area Code & Daytime T	371-0346 elephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depa	artment of State:
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle



December 3, 2010

W. Murphy Rivenbark Rehab Investments of North Central 5930 N.W. 54th Way Gainesville, FL 32653

SUBJECT: REHAB INVESTMENTS OF NORTH CENTRAL FLORIDA, INC.

Ref. Number: P06000134616

We have received your document for REHAB INVESTMENTS OF NORTH CENTRAL FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the 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) 245-6907.

Annette Ramsey Regulatory Specialist II

www.sunbiz.org

Letter Number: 510A00028193

Articles of Amendment to Articles of Incorporation

FIL	E	\mathcal{L}
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____, Florida_ *(Zip Code)*

2010 DEC-13 AM .8: 27 Rehab Investments of North Central Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) ETARY P06000134616 (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: Select Services Management, Inc. 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: 201 South Biscayne Blvd. 28th Flos (Principal office address MUST BE A STREET ADDRESS) Miami, Florida 33131 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 201 South Biscayne Blvd., 28th Floor Miami, Florida 33131 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: New Registered Office Address: (Florida street address)

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.

(City)

Signature of New Registered Agent, if changing

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>		Address	Type of Action
				Add Remove
				Add Remove
	_	- 		Add Remove
(atta	ch additional sheets, if necessary	v). (Be specific)	·	
	nn amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)	mendment if not		
			44-54-4	

The date of each amendment	(s) adoption: DECEMBER 1, 2010
	(date of adoption is required)
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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	,,
<u> </u>	(voting group)
action was not required. The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator Life in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) W. MURPH V. RIVENBARIC (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PREDICTE + CEO
	(Title of person signing)