

PO 7000019924

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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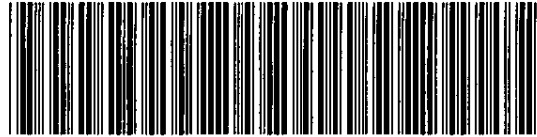
(Business Entity Name)

(Document Number)

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Amend/m

CLERK OF STATE
TALLAHASSEE, FLORIDA

08 MAY -2 PM 3:51

FILED

T. Roberts MAY 07 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEYA Home Health Care Corp.

DOCUMENT NUMBER: P07000019924

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

Please return all correspondence concerning this matter to the following:

Diego Ganuza
(Name of Contact Person)

MEYA Rehabilitation Inc.
(Firm/ Company)

8200 NW 27 Street, Suite 112
(Address)

Doral, FL 33122
(City/ State and Zip Code)

For further information concerning this matter, please call:

Diego Ganuza at (305) 962 - 0355
(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

Articles of Amendment
to
Articles of Incorporation
of

FILED

08 MAY -2 PM 3:51

MEYA Home Health Care Corp.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P07000019924

(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:

NEW CORPORATE NAME (if changing):

MEYA Rehabilitation Inc.

(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 III: The principal place of business of this corporation will be:

8200 NW 27 Street, Suite 112 Doral, FL 33122

Article VI: The name and street address of the Registered Agent of this corporation shall be:

Diego Ganuza; 8200 NW 27 Street, Suite 112 Doral, FL 33122 (see attached statement)

Article VII: The name and address of the officers and board of directors shall be:

President/Treasurer: Mercedes Menendez. 8200 NW 27 Street, Suite 112 Doral, FL 33122

Vice President: Ignacio Bobes. 8200 NW 27 Street, Suite 112 Doral, FL 33122

Secretary: Yudelkis Calana. 8200 NW 27 Street, Suite 112 Doral, FL 33122

(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)

N/A

(continued)

The date of each amendment(s) adoption: April 23, 2008

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

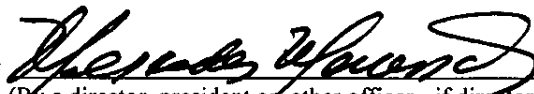
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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)

Mercedes Menendez

(Typed or printed name of person signing)

President / Treasurer

(Title of person signing)

FILING FEE: \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

MEYA Rehabilitation Inc.

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation, 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.



Registered Agent