# P07000023999

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C. LEWIS

JUL 1 2 2013

EXAMINER

#### COVER LETTER

TO: Amendment Section , **Division of Corporations** 

NAME OF CORPORATION: INTEGRATED PHYSICAL THERAPY INC DOCUMENT NUMBER: P07000023999
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CRAIG COHEN
Name of Contact Person
INTEGRATED PHYSICAL THERAPY INC
Firm/ Company
2142 NE 123RD STREET
Address
NORTH MIAMI, FL 33181
City/ State and Zip Code
CRAIG@IPTMIAMI.COM
E-mail address: (to be used for future annual report notification)
For further information appearing this matter whose calls
For further information concerning this matter, please call:

#### $\operatorname{at}\left(\frac{305}{\operatorname{Area Code \& Daytime Telephone Number}}\right)$ JENNIFER POMERANC Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee \$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (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 13 JUL 10 AM 10: 39

## SEGRETARY OF STATE

#### INTEGRATED PHYSICAL THERAPY INC

(Name of Corporation as currently filed with the Florida Dept. of State) P07000023999 (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: 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. 2142 NE 123RD STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NORTH MIAMI, FL 33181 C. Enter new mailing address, if applicable: **2142 NE 123RD STREET** (Mailing address MAY BE A POST OFFICE BOX) NORTH MIAMI, FL 33181 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 2142 NE 123RD STREET (Florida street address) NORTH MAIMI New Registered Office 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.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	Р	CRAIG COHEN	2142 NE 123RD STREET
Add			NORTH MIAMI, FL 33181
Remove			
2) X Change	VP	RACHEL COHEN	2142 NE 123RD STREET
Add		·	NORTH MIAMI, FL 33181
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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Remove			
6) Changa			
6) Change			_
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	ttach additional sheets, if necessary).	(Be specific)
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FILED

The date of each amendmen	t(s) adoption: 07/01/2013	13 JUL 10 AM 10: 40
Effective date if applicable:		SEGRATARY OF ATTE
	(no more than 90 days after	SECRETARY OF STATE amendment file Nake NHASSEE. FLORIEN
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of vere sufficient for approval.	votes cast for the amendment(s)
	re approved by the shareholders through voting ged for each voting group entitled to vote separate	
"The number of votes	s cast for the amendment(s) was/were sufficient f	for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shar	reholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without sharehol	der action and shareholder
Dated_07/	01/2013	
Signature _		
So	By a director, president or other officer – if direct elected, by an incorporator – if in the hands of a proported fiduciary by that fiduciary)	
	CRAIG COHEN	
	(Typed or printed name of pers	on signing)
	PRESIDENT	
	(Title of person signing)	