

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000208796 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

10 SEP 21 AM 9:44

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: fisioterapiahollywoodmedical  
@yahoo.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
FISIOTERAPIA HOLLYWOOD MEDICAL SERVICES, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

*They want to list  
100% owner.*

*Amend  
10/9/25/10*

RECEIVED

10 SEP 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment  
to  
Articles of Incorporation  
of

Fisloterapia Hollywood Medical Services, Inc.

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

P07000029399

(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:**

N/A

*The new*

*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:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

**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:

Vincenza Auciello

115 S. 17th Avenue

New Registered Office Address:

(Florida street address)

Hollywood

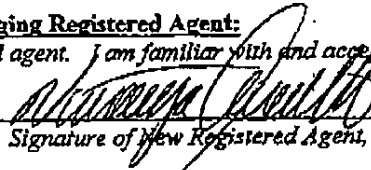
(City)

Florida 33020

(Zip Code)

**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*

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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>       | <u>Address</u>                            | <u>Type of Action</u>                                                      |
|--------------|-------------------|-------------------------------------------|----------------------------------------------------------------------------|
| PSTD         | Teresa Uncal      | 1280 SW 1st ST, Suite 1<br>Miami FL 33135 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| PSTD         | Vincenza Auciello | 115 S. 17th Avenue<br>Hollywood, FL 33020 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                   |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

Teresa G. Uncal CANCELLATION OF ISSUED SHARES

Vincenza Auciello 100% OWNER / SHAREHOLDER

The date of each amendment(s) adoption: September 15, 2010

Effective date if applicable: September 15, 2010  
*(date of adoption is required)*

*(no more than 90 days after amendment file date)*

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

☒ The amendment(s) was/were adopted 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

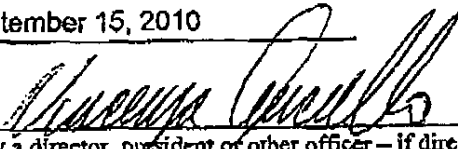
by \_\_\_\_\_"  
*(voting group)*

☐ 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.

Dated September 15, 2010

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)

Vincenza Auciello

*(Typed or printed name of person signing)*

President, Director

*(Title of person signing)*