

PO7000029399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

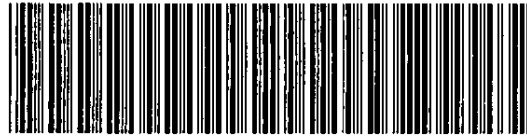
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAY 11 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 5-11-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2011

TERESA G. UNCAL
FISIOTERAPIA HOLLYWOOD MEDICAL SERVICES
1923 S E 10TH ST
CAPE CORAL, FL 33990

SUBJECT: FISIOTERAPIA HOLLYWOOD MEDICAL SERVICES, INC.
Ref. Number: P07000029399

We have received your document for FISIOTERAPIA HOLLYWOOD MEDICAL SERVICES, 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 current name of the entity is as referenced above. Please correct your document accordingly.

The attached certificate is not needed.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 611A00010773

RECEIVED
11 MAY 11 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FISIOTERAPIA HOLLYWOOD MEDICAL SERVICES

DOCUMENT NUMBER: PO7000029399

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

Please return all correspondence concerning this matter to the following:

TERESA G. UNCAL

Name of Contact Person

FISIOTERAPIA HOLLYWOOD MEDICAL SERVICES, INC

Firm/ Company

1923 SE 10TH STREET

Address

CAPE CORAL, FLORIDA 33990

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA G. UNCAL

Name of Contact Person

at (239) 738-0058

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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

FISIOTERAPIA HOLLYWOOD MEDICAL SERVICES, INC.

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

PO7000029399

(Document Number of Corporation (if known))

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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:

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**)*

N/A

C. Enter new mailing address, if applicable:

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

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(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

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>
DIR	TERESA G. UNCAL	1993 SE 10TH STREET CAPE CORAL, FL 33990	☒ Add ☐ Remove
PBST	VICENZA AUCIELLO	115 SOUTH 17 AVENUE HOLLYWOOD, FL 33020	☒ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article IV: Teresa G. Uncal has been reclassified as the director and furthermore she

has hold A

Certificate showing she owns 100% of shares since the corporation was incorporated.

No shares have ever been issued to Vicenza Auciello. No amendment should be added to this corporation without the approval of Teresa G. Uncal (100% share holder or a judges order)

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 has been reclassified as the director and furthermore she

has hold A

Certificate showing she owns 100% of shares since the corporation was incorporated.

No shares have ever been issued to Vicenza Auciello. No amendment should be added to this corporation without the approval of Teresa G. Uncal (100% share holder or a judges order)

The date of each amendment(s) adoption: April 23, 2011

Effective date if applicable: April 23, 2011 (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):

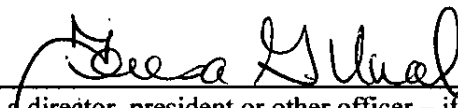
"The number of votes cast for the amendment(s) was/were sufficient for approval

by Teresa G. Uncal 100% shareholder."
(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 April 23, 2011

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)

Teresa G. Uncal
(Typed or printed name of person signing)

Director and Shareholder
(Title of person signing)