P07000 111992

(Rei	questor's Name)	
(rte	questors marrie)	
(Add	dress)	
(Au	uiess)	
(6.1	-1	
(Add	dress)	
(0:1)	10: 1 /7: /0:	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doe	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		
,	• .	
·		•

Office Use Only



900129610269

06/23/08--01003--001 **43.75

08 JUN 19 PN 3-33

Amend 58 6/23



June 5, 2008

JOHN ROMANO 428 SO. CONGRESS AVE. WEST PALM BEACH, FL. 33406

SUBJECT: JOHNSON REHABILITATION CENTER, INC.

Ref. Number: P07000111992

We have received your document for JOHNSON REHABILITATION CENTER, INC. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 508A00034744

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF (CORPORATION: JOHNSON REH	ABILITATION CENTER, INC.	
DOCUMEN	T NUMBER: P07000111992		
The enclosed	Articles of Amendment and fee are	e submitted for filing.	
Please return	all correspondence concerning this	matter to the following:	
	JOHN ROMANO		
		f Contact Person)	
	JOHNSON REHABILITATION CENT	ER, INC.	
	(Firm	n/ Company)	
	428 SO. CONGRESS AVE.		
	(,	Address)	
	WEST PALM BEACH, FL. 33406		
	(City/ Star	te/ and Zip Code)	
For further in	formation concerning this matter, p	olease call:	
JOHN ROMAI	NO	at (<u>305) </u>	7705
	(Name of Contact Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a	check for the following amount:		
□ \$35 Filing Fe	ce \$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)
l	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corpora 409 E. Gaines Street Tallahassee, FL 323	tions

Articles of Amendment to Articles of Incorporation of

(Document number of corporation (if known)

##ED JUN 19 PH 3: 33.

JOHNSON REHABILITATION CENTER, INC.

P07000111992

(Name of corporation as currently filed with the Florida Dept. basis 1453 F. Florida

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(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 V: DELETING PEDRO SANCHEZ GONZALEZ
ARTICLE V: ADDING JOHN ROMANO
I CERTIFY THAT I AM FAMILIAR WITH AND ACCEPT THE RESPONSIBILITIES OF REGISTERED
AGENT. JOHN ROMANO
ARTICLE VII: DELETING PEDRO SANCHEZ GONZALEZ 1963 PRAIRIE ROAD, PALM SPRINGS,
FL. 33406
ARTICLE VII: ADDING JOHN ROMANO 344 MERIDIAN AVE 2A, MIAMI BEACH, FL. 33139
(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

(continued)

The date of each amendment(s) adoption: MAY 22, 2008			
Effective date if applicable	le: MAY 22, 2008		
,	(no more than 90 days after amendment file date)		
Adoption of Amendment	(s) (<u>CHECK ONE</u>)		
	(s) was/were approved by the shareholders. The number of votes cast for (s) by the shareholders was/were sufficient for approval.		
following staten	t(s) was/were approved by the shareholders through voting groups. The ment must be separately provided for each voting group entitled to vote the amendment(s):		
"The numbe	or of votes cast for the amendment(s) was/were sufficient for approval by		
	(voting group)		
	t(s) was/were adopted by the board of directors without shareholder action action was not required.		
	t(s) was/were adopted by the incorporators without shareholder action and on was not required.		
Signed this 23 day	of MAY , 2008		
Signature _	EF.		
s	y a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)		
ı	PEDRO SANCHEZ GONZALEZ		
(Typed or printed name of person signing)			
F	PRESIDENT		
_	(Title of person signing)		

FILING FEE: \$35