P08000012849

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DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Gaitway Health and Rehabilitation Services Inc DOCUMENT NUMBER: P08000012849 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara Joyce
(Name of Contact Person) itway Health & Rehabilitation Service he (Firm/Company) 951 NW 13th Str. Suite ac Boca Ratur, FL 33486
(City/State and Zip Code) For further information concerning this matter, please call: at (501) 901 - 9444 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status \$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amento Articles of Incorp of Caitury Health & Rehability (Name of Corporation as currently filed with PD 800012849 (Document Number of Corporation)	tation derv	JAN 14 PM 4: 29 (CLD) Telepostations
Pursuant to the provisions of section 607.1006, Florida Stat following amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Profit</i>	Corporation adopts the
A. If amending name, enter the new name of the corporati	on:	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co". A professional corporation name must contain 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)	o.," or the designation "Cin the word "chartered,"	Corp," "Inc," or
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:		r the name of the
		-
New Registered Office Address: (Flor	ida street address) (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.		the obligations of the

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>	Address	Type of Action
<u>esident</u>	Andrea Scher	21537 Woodstream TR Box-Rutur, FL 33428	Add Remove
<u>sident</u>	Barbara Joyce	Boynton Bch, FL 33436	Add Remove
	<u></u>		Add Remove
	ng or adding additional Articles, ent litional sheets, if necessary). (Be spe		
4 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -			
	endment provides for an exchange, r		
	s for implementing the amendment applicable, indicate N/A)	it not contained in the amendment i	tsell:

Effective date if applicable: $2-31-08$ (no more than 90 days after amendment file date)
(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 12-31-08
Signature and Schol
(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)
(Typed or printed name of person signing)
President (Title of person signing)