

PO80000 24327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

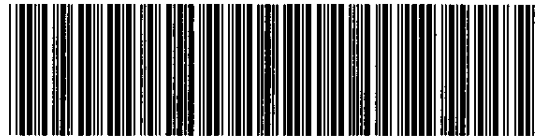
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Not a record
Not a record
2/19/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: West Services Home Care Inc

DOCUMENT NUMBER: PO8000084327

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

Please return all correspondence concerning this matter to the following:

Laz David Rodriguez
(Name of Contact Person)

West Services Rehab Inc
(Firm/ Company)

5040 NW 7th + 450
(Address)

MIAMI FL 33126
(City/ State and Zip Code)

For further information concerning this matter, please call:

Laz David Rodriguez at (786) 999 2514
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

2/05/09
NUM: P08000024327
NAME : WEST
PRINCIPAL: 7
ADDRESS
RA NAME
RA ADDR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

AN

WEST SERVICES HOME CARE, INC.
5040 NW 7ST & 450
MIAMI, FL 33126

SUBJECT: WEST SERVICES HOME CARE, INC
Ref. Number: P08000024327

We have received your document for WEST SERVICES HOME CARE, 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 document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 909A00004129

RECEIVED
2009 FEB 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

West Services Home Care Inc.

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

P08000024327.

(Document Number of Corporation (if known))

FILED
09 FEB 19 PM 1:47
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:

West Services Rehab Inc.

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)

5040 NW 7th ST #450

MIAMI FL 33126

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5040 NW 7th ST #450

MIAMI, FL 33126

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:

Laz David Rodriguez

New Registered Office Address:

5040 NW 7th ST #450

(Florida street address)

MIAMI

(City)

Florida 33126

(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.

X Laz David Rodriguez
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>
PD	ROBERTO BARBON	5928 Yorkshire Rd Tampa, FL 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	Laz D. Rodriguez	5040 NW 7th St #450 MIAMI FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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)

The date of each amendment(s) adoption: 1/23/09

Effective date if applicable: 1/23/09
(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 1/23/09

Signature X *Laz D. Rodriguez*
(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)

Laz D. Rodriguez
(Typed or printed name of person signing)

president
(Title of person signing)