

PD8000070626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

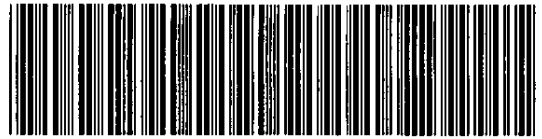
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 02/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2009

SUE AUDETTE
ALHAMBRA HEALTH & REHAB, INC.
5265 ALHAMBRA DR, STE D
ORLANDO, FL 32808

SUBJECT: ALHAMBRA HEALTH & REHAB, INC.
Ref. Number: P08000070626

We have received your document for ALHAMBRA HEALTH & REHAB, 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 registered agent must sign accepting the designation.

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: 109A00030278

RECEIVED
2009 OCT -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALHAMBRA HEALTH & REHAB, INC.

DOCUMENT NUMBER: PD 80000 70626

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

Please return all correspondence concerning this matter to the following:

Due Audette

Name of Contact Person

ALHAMBRA HEALTH & REHAB

Firm/ Company

5265 ALHAMBRA DR, Suite D

Address

Orlando, FL 32808

City/ State and Zip Code

drsea@hotmail.com

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

For further information concerning this matter, please call:

Emme Souverain

Name of Contact Person

at (407) 298-9903

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

cert
RAR

ALHAMBRA HEALTH & REHAB, INC.

908000070626

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TALLAHASSEE, FLORIDA

Page 1 of 3

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>
<u>Pres.</u>	<u>Diane Copeland</u>	<u>5265 ALHAMBRA DR.</u> <u>Suite D</u> <u>Orlando, FL 32808</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres.</u>	<u>Sue Audette</u>	<u>5265 ALHAMBRA DR.</u> <u>Suite D.</u> <u>Orlando, FL 32808</u>	<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: 9/1/09
(date of adoption is required)
Effective date if applicable: 9/1/09
(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 9/1/09

Signature Sue Audette

(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)

Sue Audette
(Typed or printed name of person signing)

Pres.
(Title of person signing)