# 108000070626

(Requestor's Name)
ŕ
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FILED 09 OCT -2 PH 4: 25





#### 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

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### **COVER LETTER**

TO: Amendment Section

Division of Corporations	4 - 2
NAME OF CORPORATION: <u>ALHAMBR</u>	4 HEALTH & REHAB, INC.
DOCUMENT NUMBER: PO 80000	70626
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Sue Audette Name	of Contact Person
ACHAMBRA HEA	LTHE ZGHAB
5265 ALHAM BE	PA Dr SviteD
Orlando, 7L 3 City/s	3808 tate and Zip Code
disea & hotmai E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, plea	se call:
EMME Souverain  Name of Contact Person	at (407) 288 - 9003 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

ALHAMBRA HEALTH.	& REHABITAL.
(Name of Corporation as co	urrently filed with the Florida Dept. of State)
\$0 8 OF	000 70626
	Number of Corporation (if known)
suant to the provisions of section 607. endment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the on:
If amending name, enter the new nam	ne of the corporation:
	The
ne must contain the word "chartered," "  Enter new principal office address, if incipal office address MUST BE A STR	
ncipal office address MOSI BE ASIA	<u>LEET ADDRESS</u> )
	- This is a second of the seco
Enter new mailing address, if applica	ahla
(Mailing address MAY BE A POST OF	
(Maning undress MAI BE A FOST OF	TICE BUX)
	**************************************
If amending the registered agent and/	or registered office address in Florida, enter the name of the
new registered agent and/or the new r	
non together again and or the new y	A A A
Name of New Registered Agent:	A.A.ALI
	10 110
	1322 N. Moe Hills Kd
New Registered Office Address:	(Florida street address)
	M.1- 1 200-m
	Urlando, Florida 32808
	(City) (Zip Code)
w Registered Agent's Signature, if cha	
ereby accept the appointment as register	ed agent. I am familiar with and accept the obligations of the posit
	Signature of New Registered Agent, if changing
•	Signiture of New Registered Agent if changing
	organisate of their Augmentica 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) **Title** Address Type of Action Diane Copelard ALHAMBRA Dr. A Add 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; U((109,
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(	voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated(	11/09
Signature	See Redette
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Sue Audette
	(Typed or printed name of person signing)
	Pres.
	(Title of person signing)