

PO 80000 79407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMEND  
EBC  
10/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LA SALUD MEDICAL & REHAB CENTER, INC.

DOCUMENT NUMBER: P08000079407

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

Please return all correspondence concerning this matter to the following:

DEBORAH J. ARMENTI

Name of Contact Person

Firm/ Company

2650 S MILITARY TRAIL, SUITE 12

Address

WEST PALM BEACH, FL 33415

City/ State and Zip Code

BREKOKO35@HOTMAIL.COM

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

For further information concerning this matter, please call:

DEBORAH J. ARMENTI

at ( 561 )

429-8202

Name of Contact Person

Area Code & Daytime Telephone Number

**LaSalud**  
Medical & Rehab Center, Inc.  
2650 S Military Trail, Ste 12  
West Palm Beach, FL 33415



7011 0470 0000 6234 3787



U.S. POSTAGE  
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Amendment Section / Div. of Corp.  
CLITTON BLDG  
2661 EXECUTIVE CTR CIRCLE  
TAIHAHASSEE FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

LA SALUD MEDICAL & REHAB CENTER, INC.

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

P08000079407

(Document Number of Corporation (if known))

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:**

*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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

DEBORAH J. ARMENTI

2650 S MILITARY TRL, STE 12

New Registered Office Address:

(Florida street address)

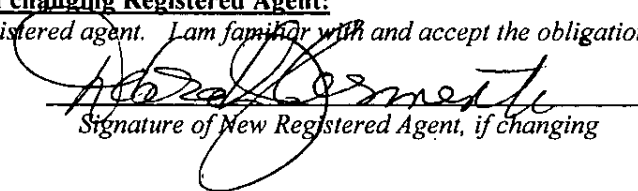
WEST PALM BEACH

(City)

\_\_\_\_\_, Florida 33415  
(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.

  
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>
P	DEBORAH J. ARMENTI	2650 S MILITARY TRL, STE 12 WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	JEAN-MARIE G. EUGENE	2650 S MILITARY TRL, STE 12 WEST PALM BEACH, FL 33415	<input type="checkbox"/> Add <input checked="" 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: 10/01/2011

Effective date if applicable: 10/01/2011 (date of adoption is required)  
(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 10/01/2011

Signature \_\_\_\_\_

(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)

DEBORAH J. ARMENTI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)