

PD8000088 732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

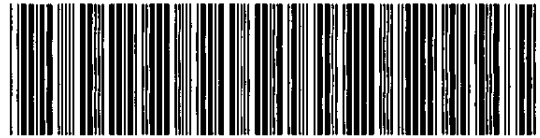
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Amend

FILED
08 NOV 20 PM 3:54
RECEIVED BY STATE
TOLSON/ALIC/08/11/08

T. Roberts NOV 20 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2008

ISABEL VELASEO
WELLNESS & REHABILITATION ASSOCIATION
2550 NW 72 AVE STE 119
MIAMI, FL 33122

SUBJECT: WELLNESS & REHABILITATION ASSOCIATES, INC
Ref. Number: P08000088732

We have received your document for WELLNESS & REHABILITATION ASSOCIATES, 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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: 808A00056699

RECEIVED
2008 NOV 20 AM 8:00
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Wellness & Rehabilitation Associates, Inc.

DOCUMENT NUMBER: P 08000088732.

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

Please return all correspondence concerning this matter to the following:

Isabel Velasco

(Name of Contact Person)

Wellness & Rehabilitation Assoc.

(Firm/ Company)

2550 NW 72 Ave, Suite 119

(Address)

Miami, FL 33122

(City/ State and Zip Code)

For further information concerning this matter, please call:

Isabel Velasco

(Name of Contact Person)

at (786) 991-4123

(Area Code & Daytime Telephone Number)

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

☒ \$35 Filing Fee
Prev. Paid
See letter.

☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

Wellness & Rehabilitation Associates, Inc.

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

PD8000088732

(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:

Same name

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)

2550 NW 72 Avenue

Suite 119

Miami, FL 33122

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2550 NW 72 Avenue

Suite 119

Miami, FL 33122

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:

same agent

New Registered Office Address:

2550 NW 72 Ave #119

(Florida street address)

Miami

(City)

Florida

33122

(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.

NIA.

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>	<u>New Address.</u>
<u>P</u>	<u>Isabel Velasco</u>	<u>2550 NW 72 Ave.</u> <u># 119</u> <u>Miami, FL 33122</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<u>VP</u>	<u>Karen Rosario</u>	<u>2550 NW 72 Ave</u> <u># 119</u> <u>Miami, FL 33122</u>	<input 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)

N/A

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)

N/A

The date of each amendment(s) adoption: 11-19-08

Effective date if applicable: 11-19-08
(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 11-17-08

Signature [Handwritten 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)

Isabel Velasco
(Typed or printed name of person signing)

President

(Title of person signing)