

**P08000089744**

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WEST PALM REHAB & MEDICAL CENTER INC**

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Articles of Amendment  
to  
Articles of Incorporation  
of

**WEST PALM REHAB & MEDICAL CENTER INC**

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

**P08000089744**

(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**)

**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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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)**

<b><u>Title</u></b>	<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Type of Action</u></b>
<u>D</u>	<u>DANIEL CHAVEZ</u>	<u>2917 SW 21 STREET</u> <u>MIAMI FL 33146</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MNGR</u>	<u>RAUL ALEMAN</u>	<u>2206 PARK STREET</u> <u>LAKE WORTH FL 33460</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: 04/27/2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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 04/27/2011

Signature X 

(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)

PETER MAFFETONE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)