

PO9000009709

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FILED  
11 AUG 31 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Amend  
Towers*

*AMEND  
08/31/11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SOLUTION MEDICAL REHABILITATION, INC

**DOCUMENT NUMBER:** P09000009709

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

Please return all correspondence concerning this matter to the following:

ROY PETER CARLSON ,DC

Name of Contact Person

SOLUTION MEDICAL REHABILITATION, INC

Firm/ Company

5101 N ARMENIA AVE STE B

Address

TAMPA , FL 33603

City/ State and Zip Code

SOLUTIONMEDICALREHAB@GMAIL.COM

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

For further information concerning this matter, please call:

ROY PETER CARLSON ,DC

Name of Contact Person

at ( 352 )

360-3601

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2011

ROY PETER CARLSON, DC  
SOLUTION MEDICAL REHABILITATION, INC.  
5101 N. ARMENIA AVENUE, SUITE B  
TAMPA, FL 33603

SUBJECT: SOLUTION MEDICAL REHABILITATION, INC.  
Ref. Number: P09000009709

We have received your document for SOLUTION MEDICAL REHABILITATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 311A00019853

RECEIVED  
11 AUG 31 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

SOLUTION MEDICAL REHABILITATION, INC.

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

P09000009709

(Document Number of Corporation (if known))

FILED

11 AUG 31 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

ROY PETER CARLSON ,DC

New Registered Office Address:

5101 N ARMENIA AVE STE B

(Florida street address)

TAMPA

(City)

, Florida 33603

(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.

*DR R. Peter Carlson*

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>
PD	WILLIAN NICHOLAS R <i>Ref</i>	5101 N ARMENIA AVE STE B TAMPA FL 33603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	ROY PETER CARLSON	5101 N ARMENIA AVE STE B TAMPA FL 33603	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ISRAEL ALONSO	5101 N ARMENIA AVE STE B TAMPA FL 33603	<input checked="" 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)*

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**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)*

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The date of each amendment(s) adoption: AUGUST 17 /2011

Effective date if applicable: AUGUST 17 /2011 <sup>(date of adoption is required)</sup>  
(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 AUGUST 17 /2011

Signature DRP. Peter Carlson  
(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)

ROY PETER CARLSON  
(Typed or printed name of person signing)

DRP. Peter Carlson  
(Title of person signing)