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(((H12000254691 3)))

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PROCARE REHABILITATION CENTERS INC.

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Certificate of Status	0
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4



Oatober 23, 2012

FLORIDA DEPARTMENT OF STATE

PROCARE REHABILITATION CENTERS INC.

4005 N.W. 114TH AVENUE

SUITE 1

MIAMI, FL 33178

SUBJECT: PROCARE REHABILITATION CENTERS INC.

REF: P09000010797

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records indicate the current name of the entity is as it appears on the endlosed computer printout. Please correct the name throughout the document.

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) 245-6050.

Sylvia Gilbert Regulatory Specialist II

FAX Aud. #: H12000254691 Letter Number: 512A00025986

H12000254691

Articles of Amendment Articles of Incorporation

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ment(s) to

Pro	care Rehabilitation Cente	ers Inc.	
	(Name of Corporation as currently	filed with the Flo	rida Dent, of State)
PO	9000010797		
	(Document Number of	of Corporation (if)	mown)
	ant to the provisions of section 607.1006, Flori icles of Incorporation:	da Statutes, this F1	orida Profit Corporation adopts the following amends
A. <u>I</u> E	ameading name, enter the new name of the	corporation;	
"Corp	muss be distinguishable and contain the wo ,," "Inc.," or Co.," or the designation "Con "chartered," "professional association," or th	rp," "Inc," or "Co	_ •
	ter new principal office address, if applican		9100 Coral Way
(Prin	ipal office address MUST BE A STREET AL	DRESS)	Suite 10
			Miami, Florida 33165
C. <u>E</u>	nter new mailing address, if applicable: ailing address MAY BE A POST OFFICE B	<u>020</u> 0	9100 Coral Way
			Suite 10
			Miami, Florida 33165
D. <u>H</u>	amending the registered agent and/or registered agent and/or the new registere	ered office address	ss in Florida, enter the name of the
100			n .
	Nams of New Registered Agent Jesus	Ochal Ma	Suite #0
	9100	Goral VVa	y, Suite 10
	Miam		Florida 33165
	Now Registered Office Address: Miam	(City)	Florida (Zip Code)
New	Registered Agent's Signature, if changing R	cointered whent:	
I here	by accept the appointment as registered agent	Mul	
	Signature of	New Registered Ag	ent. if changing

Page 1 of 4

To: 3052201440

Page: 4/6

H12000254891

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)

Plause more the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Y Caruse	<u> </u>	Nim Doc	
X Remove	<u>Y</u> <u>M</u>	tiko Jones	
<u> x</u> A01	<u>SV</u> . <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Trile</u>	Name	Address
1) Change	VS	Maria Tuya	4005 N.W. 114 Avenue
Add			Suite 1
Remove			Doral, Florida 33178
2) Change	<u>vs_</u>	Jesus A. Vasallo	9100 Coral Way
Add			Suite 10
Remove			Miami, Florida 33165
3)Change			
Add			1
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6)Change		***	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

Page 2 of 4

09/04/2030 01:23 OCT-23-2012 01:49 From:

To:3052201440

Page:5/6

H12000234691

E. <u>I</u>	omending or adding additional Arti	cles, enter change(s) here:	
Ū	tach additional sheets, if necessary).	(Be specific)	
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F. I	an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
	rovisions for implementing the ame-	ndment if not contained in the amendment itself:	ŧ
•	(if not applicable, indicate N/A)		•
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Page 3 of 4

H12000254891

To:3052201440

Page:6/6

H12000254891

he date of each amendment(s) adoption:
:Sfective date if applicable:
(no more than 90 days after amendment file date)
doption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the abarcholders. 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
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 October 18, 2012
Signature Red Very
(By 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)
Jesus A. Vasallo
(Typed or printed name of person signing)
Vice President, Secretary (Title of person signing)