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Division of Corporations

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From:

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Account Number : I20000000019 : (305)552-5973

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Email Address:

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

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T. LEWIS

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	Procare Rehabilita	sian Centers Inc. 20 %.	
<del></del>	Name of Corporation as currently filed w	th the Florida Dept. of Stoto)	
	# P0900	00/0797	
	(Document Number of Corp.		
	to the provisions of section 607.1006, Florida Status of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to	
A. If am	ending pame, enter the new name of the corpor:	ation:	
		. The new	
name m	st be distinguishable and contain the word "co	poration," "company," or "incorporated" or the abbreviation	
	"Inc.," or Co.," or the designation "Corp." "In artered," "professional association." or the abbre	nation "P.A."	
	new principal office address, if applicable:		
(Principa	I office address MUST BE A STREET ADDRES.	<u>\$</u> }	
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	new malling address, if upplicable:		
(Mail	ng address <u>MAY BE A POST OFFICE BOX</u> )		
D. If am	ending the registered agent and/or registered office	nes address in Florida, enter the name of the	
		Maria Vasallo	
4	ione of New Registered Agent 052	1/4/2/14	
	9100	Coral Way Stelo  prida street address)	
		701/ -	
¥	lew Registered Office Address:	9m1 Plorida 53/65	
		(Cty) (Zip Code)	
New Regi	stered Agent's Signature, if changing Registered	d Acont:	
I hereby a	count the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.	
		e M. Vesselv	
	Signature of New Reg	tered Agent, if changing	
	<b>.</b>		
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address of	g the Officers and/or each Officer and/or litional chaets, if nec	Director being		and naves of e	ach officer/di	rector being rem	oved and title, no	ume, and
	the officer/director		tter of the of	Noc title:	•			
P = Preside	nt; V= Vice Prestd	ent; T= Treasure	r; S= Secret	ary; D= Direc	ctor; TR= True	stre; $C = Chatm$	an or Clerk; CEC	) = Chief
Executive C	fficer; CFO = Chie	f Financial Offic	er. Hjændfj	ficer/director h	holds more tha	n one title, list th	se first letter of ea	ak office
held. Presid	ent Treasurer, Dire	ctor would be PT	' <u>Д</u> .					
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<u>Х</u> Remove	$\overline{\Lambda}$	Mike Jones	]					
_X Add	<u>sv</u>	Sally Smith	1					
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The date	of each amendment(s) adoption: 0 3/01/20/3
Effective	date 17 applicable: 03/01/2013
Discusive	(no more than 90 days after amendment file date)
Adoption	of Amendment(s) (CHECK ONE)
	pendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) shareholders was/were sufficient for approval.
	nendment(s) was/were approved by the shareholders through voting groups. The following statement we separately provided for each voting group entitled to vote separately on the amendment(s);
6	The number of votes cast for the amendment(s) was/ware sufficient for approval
ŧ	(voting group)
	neudinent(s) westwere adopted by the board of directors without shareholder action and shareholder was not required.
	nendment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.
	Dated 3/01/2013 Signature Stop 20. Vasallo
	(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 appeared fiduciary by that fiduciary)
	JOSE M. VASAIIO  (17) Fed or printed name of person signing)
ļ	(typed or printed name of person figural)
	V-Pres.
	(Title of person signing)

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