

JUN. 26. 2009 11:48AM  
Division of Corporations

CAPITAL CONNECTION

NO. 3946 P. 1  
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P09000018644  
Att: Portene Thanks

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

6176381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I200000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 26 PM 3:49

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TALLAHASSEE, FLORIDA

**FOR AMND/RESTATE/CORRECT OR O/D RESIGN**

**BACK 2 LIFE REHABILITATION CENTER P.A.**

Certificate of Status	1
Certified Copy	1
Page Count	03
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Corporate Filing Menu

Help

Amend.  
06/26/09  
DC

JUN. 26. 2009 1:48PM

CAPITAL CONNECTION

NO. 3946 P. 2



June 25, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BACK 2 LIFE REHABILITATION CENTER P.A.

23123 STATE RD. 7, #106

BOCA RATON, FL 33428

SUBJECT: BACK 2 LIFE REHABILITATION CENTER P.A.

REF: P09000018644

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.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H09000149733  
Letter Number: 109A00021833

06/25/2009 15:05 850-245-6804

DEPT. OF STATE

PAGE 02/00



JUN. 25. 2009 2:57PM

CAPITAL CONNECTION: 20 PM PAGE 1/001 FNO. 3922-vop. 1/5



June 24, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BACK 2 LIFE REHABILITATION CENTER P.A.

23123 STATE RD. 7, #106

BOCA RATON, FL 33428

SUBJECT: BACK 2 LIFE REHABILITATION CENTER P.A.

REF: P09000018644

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.

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

FAX And. #: E09000149733  
Letter Number: 109A00021638

P.O. BOX 6377 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

Back 2 Life Rehabilitation Center P.A.

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

P09000018644

(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)**

23057 State Road 7

Boca Raton, FL 33428

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

23057 State Road 7

Boca Raton, FL 33428

**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:

Stephanie Fallon

New Registered Office Address:

23057 State Road 7

(Florida street address)

Boca Raton

(City)

Florida 33428

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: 6-23-09  
(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 06/23/09

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)

Stephanie Fallon

(Typed or printed name of person signing)

President

(Title of person signing)