

PO9000022192

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000082240 3))



H090000822403ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : FCA000000027  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

FILED  
09 APR -8 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

FREEDOM REHAB CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED  
2009 APR -8 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

60817  
Certified  
4/7/09

((H09000082240))

Articles of Amendment  
to  
Articles of Incorporation  
of

FREEDOM REHAB CENTER INC.

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

P09000022192

(Document Number of Corporation (if known))

FILED  
09 APR -8 AM 9:52  
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:* DAGOBERTO DOMINGUEZ

6595 NW 36 STREET STE: 111

*New Registered Office Address:* (Florida street address)

VIRGINIA GARDENS, Florida 33166  
*(City) (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*

(((H09000082240)))

**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>
P	MADAY LOPEZ	6595 NW 36 STREET STE: 111 VIRGINIA GARDENS, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	ANDRES LOPEZ	6595 NW 36 STREET STE: 111 VIRGINIA GARDENS, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	DAGOBERTO DOMINGUEZ	6595 NW 36 STREET STE: 111 VIRGINIA GARDENS, FL 33166	<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)

---

---

---

---

---

---

---

---

---

---

**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)

---

---

---

---

---

---

---

---

---

---

(((H09000082240)))

The date of each amendment(s) adoption: 04-07-09

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 04-07-09

Signature Maday Lopez

(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)

MADAY LOPEZ

(Typed or printed name of person signing)

P

(Title of person signing)