

## Florida Department of State

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October 30, 2009

## FLORIDA DEPARTMENT OF STATE

DAMEDA REHABILITATION CENTER, CORP. Toporations 770 SE 6 PLACE HIALEAH, FL 33010

SUBJECT: DAMEDA REFABILITATION CENTER, CORP.

REF: P09000047759

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Teresa Brown Regulatory Specialist II FAX Aud. #: H09000231471 Letter Number: 009A00034457

2009 OCT 30 AM 8: 00
SECRETARY OF STATE

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## Articles of Amendment to

Articles of Incorporation .  of		FLORIO A		
DAMEDA REHA	BILITATIO	N CENTER, C	ORP.	•
(Name of Cornoration as ex				-
P	09000047759			
(Document N	lumber of Corporat	lion (if known)	<u> </u>	-
Pursuant to the provisions of section 607.1 emendment(s) to its Articles of Incorporation		tes, this <i>Florida P</i>	rofit Corporat	ion adopts the following
A. If amending name, enter the new name	e of the corporatio	n:		
	N/A			The new
name must be distinguishable and contain abbreviation "Carp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	orp," "Inc." or "C	lo". A profesi	sional corporation
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADDRESS)		5040 NW 7TH	STREET S	<u>re 710</u>
		MIAMI, FL 33126		
		<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5040 NW 7TH STREET STE 710		
		MIAMI, FL 331	26	
D. If amending the registered agent and/o new rentsiered agent and/or the new re	r registered office eistered office add	address in Morida iress:	. enfer the na	me of the
Name of New Registered Agent:	N/A		<del></del>	,
	N/A	•		
New Registered Office Address:	(Flori	da street address)	<del></del>	
•			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	dng Registered A lagent. I am famil	<u>renti</u> liar with and accept	t the obligation	u of the posttion.

Signature of New Registered Agent, if changing

removed at	the Officers and/or Directors, enter t ad title, name, and address of each Off	<u>he title and name of each officer</u> icer and/or Director being adder	<u>/director being</u> l:
(Attach add	itional sheets, if necessary)		
Title	<u>Name</u>	Address	Type of Action
<u> </u>	MARIA CAROLINA RIVAS	5040 NW 7TH STREET SUITE NO. 710 MIAML FL 33128	☑ Add □ Remove
<u></u> ,			Add Remove
E. <u>Hamend</u> (attach at	ling or adding additional Articles, ente lditional sheets, if necessary). (Be spe	r chanse(s) here:	
,			
provisio	endment provides for an exchange, rens for implement in the amendment in applicable, indicate N/A)	glassification, or cancellation of I not contained in the amendmen	issued shares. It itself:
·-			
·			·

"The date of each amendmen	t(s) adoption: 10/30/09
Effective date if applicable:	(date of adoption is required)
Eliferiae oute II annuaent.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/waby the shareholders was/w	are adopted by the shareholders. The number of votes cast for the amendment(s
The amendment(s) was/we must be separately provide	are approved by the shareholders through voting groups. The following statemed ad 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 100%	te
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_10/3	0/09
Signature	XI/onez
(B)	Adirector, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
;	MICDREY PEREZ
	(Typed or printed name of person signing)
•	PRESIDENT
	(Title of person signing)