

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER BROYLES, LLP

Account Number : I20180000022 Phone : (813)200-6114 Fax Number : (813)402-0556

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: exechousewife55@aol.com

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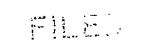
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Injury Rehabilitation Clinics of Central Florida Southwest, Inc.					
DOCUMENT NUMBER: P09000063694					
	f Amendment and fee are sul	muitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
ŀ	Radha Bochman				
_		Name of Contact Person			
ĭ	SisherBroyles, LLP				
_		Firm/ Company			
d	1830 West Kennedy Blvd. St	ite 600			
_		Address	· · · · · · · · · · · · · · · · · · ·		
ר	Гатра, FL 33609				
~		City/ State and Zip Code			
exectio	usewife55@aol.com				
	•	sed for future annual report	notification)		
	<u> </u>				
For further information	concerning this matter, pleas	e call:			
Radha Bachman		at (<u>813</u>	200-6114		
Name of	Contact Person	Area Coo	te & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O. I	ng Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation



	f Corporation as currently	villed with the Florida	Dept. of State)	
² 09000063694			a इस्ति भी प्राप्त कर है। See to the total of the	<u>-</u>
	(Document Number of	Corporation (if known)	PARCHITAGOUS	
rsuant to the provisions of section 607.1 Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporat	ion adopts the following:	unendine
. If amending name, enter the new na	me of the corporation:			
Central Florida Injury Southwest, Inc.			ï	the new
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associat	ation "Corp," "Inc," or "C	Lo". A professional co P.A."	corporated" or the abb provation name must co	reviation ntain the
3. Enter new principal office address, i	f applicable:	N/A		
Principal office address <u>MUST BE A ST</u>	(REET ADDRESS)			
		 		
Enter new mailing address, if applic		N/A		
(Mailing address <u>MAY BE A POST C</u>	OFFICE BOX)			
. If amending the registered agent an	d/or registered office addr	ess in Florida, enter th	e name of the	
new registered agent and/or the new		<u>i</u>		
Name of New Registered Agent	N/A			
	(Florida stre	eet addressi		
New Registered Office Address:	N/A		, Florida	
	1	(City)	(Zip Co	ule)
			,	
iew Registered Agent's Signature, if cl	hanging Registered Agent:			
A to any Transcript hat rate in a talk that are at	and arous I am familiar	with and accept the oblig	arians of the position	

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)

Please note the officer/director title by the first letter of the office title:

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

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:	., (4/164 - 264	in think or us an made	
X Change	PT	John Doc	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			··
Remove			
2) Change			
Add			
Remove			
3) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
/A	
_	
•••	
-	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amount of not applicable, indicate N/A)	endment if not contained in the amendment itself:
/A	
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	The date of each amendment(s) a	doption:		, if other than the
(no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) wearwere adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders wastwere sufficient for approval. The amendment(s) wastwere approved by the zhareholders 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) wastwere sufficient for approval by. (roting group) The amendment(s) wastwere adopted by the board of directors without shareholder action and shareholder action was not required. Dated Dated 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, mistee, or other court appointed fiduciary by that fiduciary) Kristal Fadem (Typed or printed name of person signing)	date this document was signed.			
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Kristal Fadem (Typed or printed name of person signing)			ands of a receiver, mistee, or offic	r court
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President				· ·
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