

PO9000065685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600184072666

600184072666  
08/19/10--01017--022 \*\*43.75

*Ames*

FILED  
10 AUG 19 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** REGIONAL THERAPY CENTER INC +

**DOCUMENT NUMBER:** P09000065685 +

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRA SHERWOOD

(Name of Contact Person)

REGIONAL THERAPY CENTER INC +

(Firm/ Company)

2706 W ST ISABEL ST STE D & C

(Address)

TAMPA FL 33607

(City/ State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRA SHERWOOD

(Name of Contact Person)

at ( 727 ) 495-3240

(Area Code & 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)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

10 AUG 19 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGIONAL THERAPY CENTER INC**

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

**P09000065685**

(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:**

N/A

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)

2706 W ST ISABEL ST STE D & C

TAMPA FL 33607

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

PO BOX 151652

TAMPA FL 33684

**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:

ALEXANDRA SHERWOOD

New Registered Office Address:

2706 W ST ISABEL ST STE D & C

(Florida street address)

TAMPA

(City)

Florida 33684

(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.

Santiago M Carreras

Notary Public

State of Florida

My Commission Expires 3/12/2012

Commission No. DD 768169

Alexandra Sherwood  
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>
<u>P</u>	<u>DONNA LAMMONS</u>	<u>2706 W ST ISABEL ST</u> <u>STE D &amp; C TAMPA FL</u> <u>33607</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>DELVIS HERNANDEZ</u>	<u>2706 W ST ISABEL ST</u> <u>STE D &amp; C TAMPA FL</u> <u>33607</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>ALEXANDRA SHERWOOD</u>	<u>2706 W ST ISABEL ST</u> <u>STE D &amp; C TAMPA FL</u> <u>33607</u>	<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)*

NONE

**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 TOTAL OF 1000 SHARES OWNS BY DONNA LAMMONS WILL BE SOLD IN A  
100 % TO THE NEW PRESIDENT NAMED ALEXANDRA SHERWOOD.

The date of each amendment(s) adoption: AUGUST 16 2010

Effective date if applicable: AUGUST 16 2010  
(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 08/16/2010

Signature Donna Lammons  
(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)

DONNA LAMMONS  
(Typed or printed name of person signing)

EX-PRESIDENT  
(Title of person signing)

