P09000072108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Theurs
4-28-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTH SOLUTIONS REHABILITATION INC

DOCUMENT NUMBER: P09000072108

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

Please return all correspondence concerning this matter to the following:

JUANA GOMEZ
Name of Contact Person

Juana Gomez
Firm/ Company

3117 W. COLUMBUS DR STE 208
Address

TAMPA, FL 33607
City/ State and Zip Code

OMILLYFLORES@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUANA GOMEZ at (334) 354-8558
Name of Contact Person — 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2010

JUANA GOMEZ
3117 W. COLUMBUS DRIVE
SUITE 208
TAMPA, FL 33614

SUBJECT: HEALTH SOLUTIONS REHABILITATION , INC
Ref. Number: P09000072108

We have received your document for HEALTH SOLUTIONS REHABILITATION , INC and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 410A00009139

RECEIVED
2010 APR 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 APR 23 A 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HEALTH SOLUTIONS REHABILITATION INC

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

P09000072108

(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)

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: HERNAN ALVAREZ CORREA

New Registered Office Address: 3117 W. COLUMBUS DR STE 208
(Florida street address)

TAMPA, Florida 33607
(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

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)

Title	Name	Address	Type of Action
VP	YUNEISI QUINTANA FUEN	3410 WINDSOR CT APT 226 TAMPA, FL 33614	☐ Add ☑ Remove
VP	HERNAN ALVAREZ CORREA	3117 W . COLUMBUS DR STE 208 TAMPA, FL 33607	☑ Add ☐ Remove
			☐ Add ☐ 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: 03/30/2010

(date of adoption is required)

Effective date if applicable: 03/30/10

(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 03/30/2010

Signature Juana Gomez

(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)

Juana Gomez

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)