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.

(((H10000056163 3)))



H100000561633ABCW

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

G & O REHABILITATION CENTER, INC.

THE RESERVE AND DESCRIPTIONS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED I	للمند في عالم فرق ويتشاطع حراستين اليالي	AND THE PERSON NAMED IN
Certificate of Status	• • • • •	0
Certified Copy	•	0
Page Count	!	03
Estimated Charge		\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

LAZARUS

920-6TA-638T

3/11/2010 2:51:53 PM PAGE 1/001 Fax Server



March 11, 2010

FLORIDA DEPARTMENT OF STATE

G & O REHABILITATION CENTER, INC. Division of Corporations 3900 NW 79 AVE STE 431

MIAMI, FL 33166

SUBJECT: G & O REHABILITATION CENTER, INC.

REF: P09000076546

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

PERIOD AFTER (INC) IN THE CORPORATE NAME.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II FAX Aud. #: H10000056163 Letter Number: 410A00006109



## H10000056163

## ARTICLES OF AMENDMENT ARTICLES OF INCORPORATION

REHABILITATION CENTER,

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

Delete: JAIRO Abreu

Delete: Osmani Sunzalez

ADD: PEDRO E. DIAZ-HERRERA PRECIDENT-DWARR

New Registered Agent

PEDRO E DINZ-HERRERA

3900 NW 79AVE

DORAL

SECOND: 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, are as follows.

THURD: The date of each amendment's adoption: 3-1/10
FOURTH: Adoption of Amendment(s) (check one)
The amendment(s) was/were approved by the shareholders. The number of votes case for the amendment(s) was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately for each voting group entitled to vote separately on each amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
approval by
☐ 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.
Signed this 1 day of MARCH, 20 10.
Signature victo - Why for Vice Chairman of the directors,
President or other officer if adopted by the shareholders)
OR (By a director if adopted by the directors)
OR (By an incorporator if adopted by the incorporators)
TAIRD Abreu Typed or printed name
Typen or printed name
Precident
Title

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent Signatur