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| (Re | equestor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | _ |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

. . TO: Amendment Section

| Division of Corporations |
|--|
| NAME OF CORPORATION: SMILE PHYSICAL Rehab In. |
| DOCUMENT NUMBER: P 000009882 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Uraini Ramine Porcell Name of Contact Person |
| Smile Physical Rehat In. |
| 8180 N.W. 36th St. Suite 418 |
| Miami, H. 3316b City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: What have breellat 754 and 4484 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 Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ \$43.75 Fil |
| 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 | |
|---|--|----------------|
| 1 | to | K . |
| • | Articles of Incorporation | 20 |
| | of | COLOFE SE |
| | United Physical Rehab Inc. | 14/5CAC 16 PL |
| | (Name of Corporation as currently filed with the Florida Dept. of State) | AHARAY III |
| | P100000 9882 | TSSEE, FISTAIN |
| | (Document Number of Corporation (if known) | CORIO: |
| | | - X |

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 | on: |
|---|---|
| Smile Physical Reh | Ab Inc. The new |
| name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional assoc | Corp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 8180 N.W. 36th St. Suite 418 |
| | MiAMi, FL. 33166 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 8180 N.W. 3649 St. Suite 418 |
| | MIAMI, Fl. 33166 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | |
| Name of New Registered Agent: Urai Mi | RAMITEZ Porcell 1st 43rd St. |
| · · · · · · · · · · · · · · · · · · · | tst 45 \ S1. rida street address) |
| Itialeal | n, Florida_33013 |
| (City, | |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam | |
| X Dones | / with and decept the vongations of the position. |
| Signature of Nev | Registered Agent, if changing |

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|---|--|----------------|
| · · · | | | |
| | | | |
| | | | |
| | adding or adding additional Ar additional sheets, if necessary). | | |
| | | | |
| | | | |
| <u>provis</u> | | change, reclassification, or cancell endment if not contained in the an | |
| <u>provis</u> | ions for implementing the am | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being

| The date of each amendment(s) ad | option: 02-11-2010 |
|--|---|
| | (date of adoption is required) |
| , Effective date <u>if applicable</u> : | , |
| (no n | nore than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were ado by the shareholders was/were suf | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast fo | or the amendment(s) was/were sufficient for approval |
| by | " |
| (votin | ng group) ." |
| The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder |
| Dated | 2-11-2010 |
| Signature(By a dire | ector, president or other officer – if directors or officers have not been |
| selected, l | by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | - Man Jan Presiden |
| | (Title of person signing) |