

P10000011380

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H11000133860 3)))



H110001338603ABCX

**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 : I20000000019  
Phone : (305) 552-5973  
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  
MEDICAL THERAPY CENTER INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

11 MAY 17 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 17 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature and date 5/18/11*

H11000155860

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

P10000011380

Medical Therapy Center Inc  
(PRESENT NAME OF CORPORATION)

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:

Please Change Principal, Mailing, Officer &  
REGISTERED AGENTS ADDRESS TO:  
890 SW 87AVE Suite# 12  
MIAMI, FL- 33174

New Registered Agent

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.

H11000133960

11 MAY 17 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000133860

THIRD: The date of each amendment's adoption: 5/17/2011

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast 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 \_\_\_\_\_"  
(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.Signed this 17 day of May, 2011.

Signature

(By the Chairman or 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)

Froilan Mena

Typed or printed name

Owner / Massage Therapist

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.

[Signature]  
Registered Agent Signature

H11000133860