

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H10000085113 3)))



H100000851133ABCT

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Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
JOYFUL REHAB INC.

Certificate of Status	0
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Page Count	04
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*Amend
@ 4/15/10*

Electronic Filing Menu

Corporate Filing Menu

Help



April 15, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOYFUL REHAB INC.
6595 NW 36 ST
STE: 108
VIRGINIA GARDENS, FL 33166US

SUBJECT: JOYFUL REHAB INC.
REF: P10000021568

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 date of adoption of each amendment must be included in the document.

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

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H10000085113
Letter Number: 810AD0009271

RECEIVED
2010 APR 15 AM 8:00
REGULATORY SPECIALIST II
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

P. 002/005

APR-14-2012 SAT 09:48 PM

APR-14-2012 SAT 02:30 AM

P. 002



April 14, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOYFUL REHAB INC.
6595 NW 36 ST
STE: 108
VIRGINIA GARDENS, FL 33166US

SUBJECT: JOYFUL REHAB INC.
REF: P10000021568

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.

Last page missing.

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Irene Albritton
Regulatory Specialist II

FAX Aud. #: H10000085113
Letter Number: 710A00009206

RECEIVED
2010 APR 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

JOYFUL REHAB INC.

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

P10000021568

(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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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

FILED
10 APR 15 PM 12:48
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

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>
V/P	FELIPE HERNANDEZ	6595 NW 36 ST STE: 108 VIRGINIA GARDENS FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

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)

BARBARA HERNADEZ 100%

The date of each amendment(s) adoption: 04-14-2010
(date of adoption is required)

Effective date if applicable: _____
(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 04-14-2010

Signature 
(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)

IVAN FERNANDEZ LOPEZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)