

P10000029072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

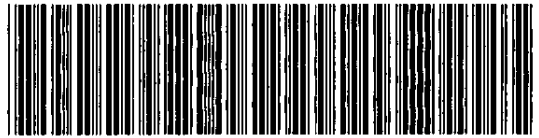
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900175901849

*Armed*

04/19/10--01049--008 \*\*35.00

FILED

2010 APR 19 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AR*  
*4/20/10*

**COVER LETTER**

**TO:** Amendment Section  
- Division of Corporations

**NAME OF CORPORATION:** Universal Health Rehab + Medical Center  
Inc

**DOCUMENT NUMBER:** P10000029072

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

Please return all correspondence concerning this matter to the following:

Agustin De Cardenas  
Name of Contact Person

Universal Health Rehab + Medical Center Inc  
Firm/ Company

175 Fontainebleau Blvd + 2M5  
Address

MIAMI, FL 33172  
City/ State and Zip Code

N/A  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Agustin De Cardenas at ( 784 ) 525 9010  
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:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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

Articles of Amendment  
to  
Articles of Incorporation  
of

Universal Health Rehab + Medical

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

P10000029072

(Document Number of Corporation (if known))

FILED  
2010 APR 15 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

175 Fontainebleau Blvd  
Suite 2M5  
MIAMI, FL 33172

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

175 Fontainebleau Blvd  
Suite 2M5  
MIAMI, FL 33172

**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:

175 Fontainebleau Blvd + 2M5  
(Florida street address)  
MIAMI, Florida 33172  
(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)*

| <u>Title</u> | <u>Name</u>         | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|---------------------|---|--|
| P            | Agustin De Cardenas | 7171 Coral way<br>Suite 502<br>MIAMI FL 33155         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| P            | Agustin De Cardenas | 175 Fontainebleau Blvd<br>Suite 245<br>MIAMI FL 33172 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                     |   | <input type="checkbox"/> Add<br><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)*

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: 4/8/10  
(date of adoption is required)  
Effective date if applicable: 4/8/10  
(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):

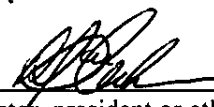
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 4/8/10

Signature X   
(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)

Agustin de Corderas  
(Typed or printed name of person signing)

president  
(Title of person signing)