

P10000031857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

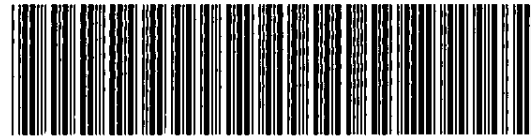
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Armen D*  
C.COULLETTE

DEC 10 2010

EXAMINER

**DAVID BACK ACCOUNTING  
A PROFESSIONAL ACCOUNTING SERVICE  
11327 OKEECHOBEE BOULEVARD, SUITE 1  
WEST PALM BEACH, FL 33411  
PHONE: 561-478-4615 FAX: 561-478-7316**

**NOVEMBER 15, 2010**

**AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301**

**RE: ARTICLES OF AMENDMENT TO ARTICLES OF  
INCORPORATION OF:  
THERAPY OF THE PALM BEACHES INC**

**DEAR SIR/MADAM:**

**ENCLOSED HERewith IS A COMPLETED COVER LETTER AND  
ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION  
OF THERAPY OF THE PALM BEACHES INC., FOR FILING WITH  
THE DIVISION OF CORPORATIONS. ALSO, ENCLOSED IS A  
CHECK IN THE AMOUNT OF \$43.75 REPRESENTING PAYMENT OF  
THE FILING FEE AND CERTIFICATE OF STATUS.**

**THANK YOU FOR YOUR ASSISTANCE REGARDING THIS MATTER.  
IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO  
CONTACT MY OFFICE.**

**SINCERELY,**

  
**DAVID BACK**

**ENCLOSURES**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** THERAPY OF THE PALM BEACHES INC

**DOCUMENT NUMBER:** P10000031857

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

Please return all correspondence concerning this matter to the following:

DAVID BACK

Name of Contact Person

DAVID BACK ACCOUNTING

Firm/ Company

11327 OKEECHOBEE BOULEVARD, SUITE 1

Address

WEST PALM BEACH, FL 33411

City/ State and Zip Code

BACKACCOUNTING@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID BACK

Name of Contact Person

at ( 561 )

478-4615

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(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

**THERAPY OF THE PALM BEACHES INC**

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

**P10000031857**

(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

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DIVISION OF CORPORATIONS  
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**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>
VP	BARBARA HERNANDEZ	9920 LAGO DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Add <input checked="" 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)*

The date of each amendment(s) adoption: 11/15/2010

(date of adoption is required)

Effective date if applicable: 11/15/2010

(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 11/15/2010

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)

LORRAINE ALEXANDER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)