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# COR AMND/RESTATE/CORRECT OR O/D RESIGN ADVANCED MASSAGE THERAPY REHAB CORP.

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OCT 0 2 2012



October 1, 2012

## PLORIDA DEPARTMENT OF STATE

ADVANCED MASSAGE THERAPY REHAB CORP. 5800 SW 17 STREET

SUBJECT: ADVANCED MASSAGE THERAPY REHAB CORP.

REF: P10000035026

MIAMI, FL 33155

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II FAX Aud. #: B12000238042 Letter Number: 912A00024302

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#### **COVER LETTER**

Division of Corp			
NAME OF CORPO	RATION: ADVANCED I	MASSAGE THERA	PY REHAB CORP.
DOCUMENT NUM	P1000003503	26	
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	· · · · · · · · · · · · · · · · · · ·
	spondence concerning this mat	_	
		_	
	RALPH PADRO	N	
		Name of Contact Person	
	PADRON & ASS	SOCIATES, INC	).
	<del></del>	Firm/ Company	
	2095 W 76TH S	TREET	
		Address	
	HIALEAH, FL 33	3016	
		City/ State and Zip Code	•
R.A	LPH@RALPHPA	ADRON.COM	
. <del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RALPH PAI	ORON	at (305	818-0404 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
Ma	illing Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# Articles of Amendment

## Articles of Incorporation of ADVANCED MASSAGE THERAPY REHAB CORP.

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

P10000035026

(Document Number of Corporation (if known)

endment(s) to

Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fl	orida Profit Corporation ac	lopts the following amendme
A. <u>If amending name, enter the new na</u> A.C.A. MEDICAL CENT			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ttion "Corp," "Inc," or "Co	". A professional corpore	
B. Enter new principal office address, i	f applicable:	3900 NW 79TH	HAVE
(Principal office address <u>MUST BE A ST</u>		SUITE 332	
		DORAL, FL 33	166
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST C	cable: OFFICE BOX)	3900 NW 79TH	1 AVE
	•	SUITE 332	
		DORAL, FL 33	166
D. If amending the registered agent an new registered agent and/or the new	registered office address:		me of the
Name of New Registered Agent	REBECA BERR	<u> </u>	_
	3900 NW 79TH	AVE	_
New Registered Office Address:	(Florida stree		33166
ivew negistered Office Address.	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanoing Registered Avent:	$\Omega$	•
I hereby accept the appointment as regist		ith and accept the obligation	ns of the position.
	1500		_
Si	gnature of New Registered A	gent, 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:

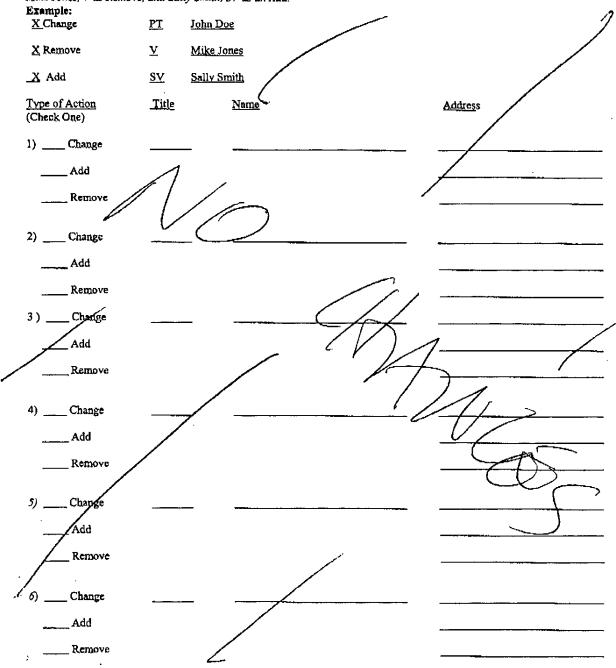
(Attach additional sheets, if necessary)

1

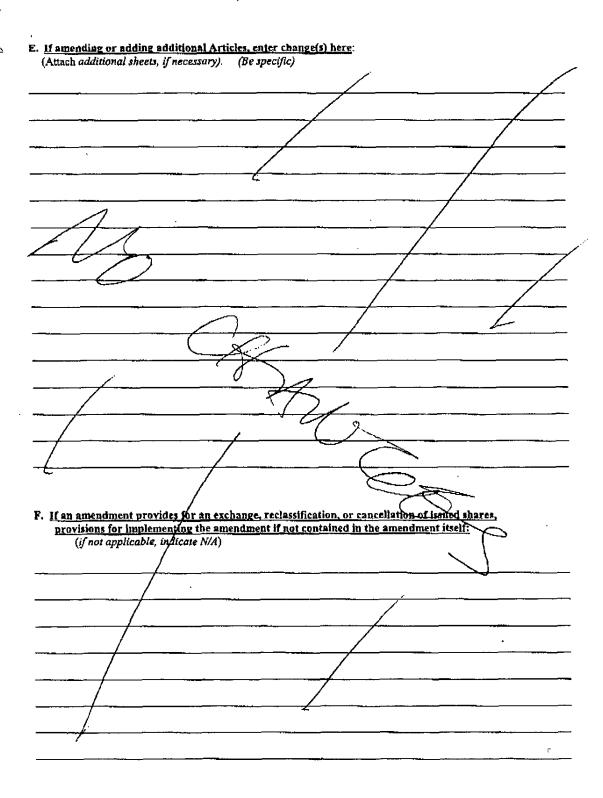
Please note the officer/director title by the first letter of the office title;

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.



Page 2 of 4



Page 3 of 4

. 8

	loption:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Awendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
	proved 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	for the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
_	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.  The amendment(s) was/were add	opted by the incorporators without shareholder action and shareholder
action was not required.  The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
action was not required.  The amendment(s) was/were add action was not required.  Dated 09/28.  Signature	2012  director, president or other officer – if directors or officers have not been
action was not required.  □ The amendment(s) was/were add action was not required.  Dated 09/28.  Signature	opted by the incorporators without shareholder action and shareholder
action was not required.  □ The amendment(s) was/were add action was not required.  Dated 09/28.  Signature	director, president or other officer – if directors or officers have not been ed, by an interporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)  REBECA BERRA
action was not required.  □ The amendment(s) was/were add action was not required.  Dated 09/28.  Signature	director, president or other officer – if directors or officers have not been ed, by an interpretation of in the hands of a receiver, trustee, or other court nited fiduciary by that fiduciary)
action was not required.  □ The amendment(s) was/were add action was not required.  Dated 09/28.  Signature	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the bands of a receiver, trustee, or other court need fiduciary by that fiduciary)  REBECA BERRA