

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CARE & SERVICES OF REHABILITATION, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amnd

*effective date
6-1-11*

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Corporate Filing Menu

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May 19, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CARE & SERVICES OF REHABILITATION, INC.

10 NW 42TH AVENUE,
SUITE 220
MIAMI, FL 33126

SUBJECT: CARE & SERVICES OF REHABILITATION, INC.
REF: P10000044911

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/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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Tina Roberts
Regulatory Specialist II

FAX Aud. #: H11000133759
Letter Number: 811A00012429

P.O BOX 6327 - Tallahassee, Florida 32314

H11000133759

Albert J. Lts
6-1-11

Articles of Amendment
to
Articles of Incorporation
of

CARE & SERVICES OF REHABILITATION, INC.

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

P10000044911

(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:

RUDY A. LOPEZ

515 SW 65 AVE

New Registered Office Address:

(Florida street address)

MIAMI

(City)

Florida 33144

(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]
Signature of New Registered Agent, if changing

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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>
<u>P</u>	<u>RUDY A. LOPEZ</u>	<u>515 SW 65 AVE</u> <u>MIAMI FL 33144</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u>	<u>PAULA M. DIAZ</u>	<u>3060 W FLAGLER APT 4</u> <u>MIAMI FL 33135</u>	<input type="checkbox"/> Add <input checked="" 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)

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The date of each amendment(s) adoption: 5-17-2011
(date of adoption is required)
 Effective date if applicable: 06-01-2011
(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 05-17-2011

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)

PAULA M. DIAZ

(Typed or printed name of person signing)

P

(Title of person signing)

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