

PI0000051491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

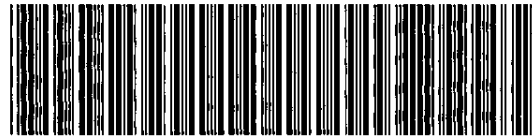
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 29 AM 10:01

Amend
CC/CUS
10/29/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OASIS MED & REHAB CENTER, CORP

DOCUMENT NUMBER: P10000051491

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

Please return all correspondence concerning this matter to the following:

FRANCISCO FRANCO MUNOZ

Name of Contact Person

OASIS MED & REHAB CENTER, CORP

Firm/ Company

6595 NW 36 STREET SUITE 304-2

Address

VIRGINA GARDENS, FL 33166

City/ State and Zip Code

oasismed@att.net

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

For further information concerning this matter, please call:

FRANCISCO FRANCO MUNOZ

Name of Contact Person

at (305)

526-2402

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2010

FRANCISCO FRANCO MUNOZ
OASIS MED & REHAB CENTER, CORP.
6595 NW 36 ST., SUITE 304-2
VIRGINIA GARDENS, FL 33166

SUBJECT: OASIS MED & REHAB. CENTER, CORP.
Ref. Number: P10000051491

We have received your document for OASIS MED & REHAB. CENTER, CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 510A00024697

Articles of Amendment
to
Articles of Incorporation
of

OASIS MED & REHAB CENTER, CORP.

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

P10000051491

(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:

FRANCISCO FRANCO MUNOZ

New Registered Office Address:

6595 NW 36 STREET SUITE 304-2

(Florida street address)

VIRGINA GARDENS

(City)

Florida 33166

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 29 AM 10:01

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	ARRABAL, HUMBERTO	6595 NW 36 ST, SUITE 304-2 VIRGINA GARDENS, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	FRANCO MUNOZ FRANCISCO		<input checked="" 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)

ARTICLE V. FRANCISCO FRANCO MUNOZ, 6595 NW 36 ST, VIRGINA GARDENS FL

ARTICLE VII. TITLE: P

FRANCISCO FRANCO MUNOZ

6595 NW 36 ST, VIRGINA GARDENS FL 3316

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)

N/A

The date of each amendment(s) adoption: October 1, 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 OCTOBER 1, 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)

HUMBERTO ARRABAL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)