P10000057873

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Regery Medical - Rehabilitation Du				
DOCUMENT NUMBER: P1000057873				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
AAtonio Diaz Name of Contact Person				
Regeny Medical : Rehabilitation and				
8440 W Flagler at 102				
MiAMi, R 33144 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Antonio Daz at (305) 381 0545 Name of Contact Person Area Code & Daytime Telephone Number				
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:				
\$35 Filing Fee				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Regency Medical + Temabilitation mu
(Name of Corporation as currently filed with the Florida Dept. of State)
P10000057873
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)
(Tructput Office dudiess MOST 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: ANTONIO DIAZ
1660 w flagler or +102
New Registered Office Address: (Florida street address)
MIAMI Florida 33144
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Digitalian of their Regional out regent, 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)

Title P	Ralph Minist Antonio Vian	Address 8660 West Flagle Just 102	<u>Type of Action</u> ☐ Add ☐ Remove
<u>P</u>	Antonio Viar	PHO WAT Flagle Juste 102 MIAMI IL 33144	/
	ending or adding additional Articles, e a additional sheets, if necessary). (Be s		
prov	amendment provides for an exchange isions for implementing the amendment from the applicable, indicate N/A)		
			

The date of each amendment(s) adoption:
Effective date if applicable: (date of ploption is required)
(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
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)
Antonio DIGZ
(Typed or printed name of person signing)
president
(Title of person signing)