P10000011343

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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations
NAME OF CORPORATION: ES REHAB PROFESSIONAL CENTER,INC DOCUMENT NUMBER: P 10000061343
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ODALYS PADRON
Name of Contact Person ES REHAB PROFESSIONAL CENTER, INC
5600 SW 135 th AVENUE STE 112
MIAMI FLORIDA 33183
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ODALYS PADRON at (786) 536-6196
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

□\$43.75 Filing Fee & Certificate of Status

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

ES REHAB PROFESSIONAL CENTER, INC

20 TELLING TOOLOGY TE OFF	•	_
(Name of Corporation as currently filed with the IP 1000061343	Florida Dept. of State)	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	14 JUH-14
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		100 States
Name of New Registered Agent MIGUEL M PADI	RON	
5600 SW 135 th	AVENUE STE 112	
(Florida str New Registered Office Address:	reet address) , Florida 33183	
(City)) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. Lam familiar Signature of New Registered.	with and accept the obligations of the position.	

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)

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.

Example: X Change	. <u>PT</u>	John Doe						
X Remove	<u>v</u>	Mike Jones						
X Add	<u>sv</u>	Sally Smith						
Type of Action (Check One)	Title	Name	<u>Addres</u> s					
1) Change	V	MIGUEL M PADRON	5600 SW 135 th AVENUE S					
Add			MIAMI FLORIDA 33183					
Remove								
2) Change								
Add								
Remove								
3) Change			-					
Add								
Remove								
4) Change								
Add								
Remove								
5) Change								
Add								
Remove								
6) Change								
Add								
Remove								

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sions for im	plementing	the amen	ange, recla dment if n	ssificatio ot contai	n, or cance ned in the	llation of is amendmen	sued share t itself:	5.
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	sions for im	sions for implementing	mendment provides for an excha sions for implementing the amen if not applicable, indicate N/A)	sions for implementing the amendment if r	sions for implementing the amendment if not contai	sions for implementing the amendment if not contained in the	sions for implementing the amendment if not contained in the amendmen	mendment provides for an exchange, reclassification, or cancellation of issued share sions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)

The date of each amendment(s) adoption: 05/28/2014	, if other than the
date this document was signed.	,
Effective date if applicable: 05/28/2014	
(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 05/28/2014	
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)	
ODALYS PADRON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	