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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: USA HEALTH CARE AND REHAB CENTER INC

DOCUMENT NUMBER: P10000077198

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

Please return all correspondence concerning this matter to the following:

JAMES J. O'HEARN

Name of Contact Person

JAMES O'HEARN ACCOUNTING & ASSOCIATES INC

Firm/ Company

2466 NE 17TH COURT

JENSEN BEACH, FL 34957

City/ State and Zip Code

OHERNTAX@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JAMES J. O'HEARN

at (772) 225-1136

Area Code & Daytime Telephone Number

Name of Contact Person

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

Articles of Amendment to Articles of Incorporation

of

FILED

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USA HEALTH CARE AND REHAB CENTER INCENTARY OF STATE

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

P10000077198	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the n "P.A."
3. Enter new principal office address, if applicable:	12677 CLASSIC DRIVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CORAL SPRINGS, FL 33071
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12677 CLASSIC DRIVE
(maining wom too mart but 71 1 001 011 10 under	CORAL SPRINGS, FL 33071
D. If amending the registered agent and/or registered office ac	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	<u>ess:</u>
Name of New Registered Agent JAMES J. O'HE	EARN
2466 NE 17	TH COURT
	street uddress)
New Registered Office Address: JENSEN BE	EACH , Florida 34957 (Zip Code)
	ity) (Zip Code)
New Paristand Agent's Signature if changing Degistered Age	nut.
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
De. 0 D- 0	Aca
Signature of New Registere	ed Agent, 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)

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)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	EMMANUEL PIERRE	5301 EAGLE CAY COURT	
Add			COCONUT CREEK, FL 330	
Remove				
2) Change	<u>P</u>	NEIL GILWIT	12677 CLASSIC DRIVE	
Add			CORAL SPRINGS, FL 3307	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	-			
Add				
Remove				
6) Change				
Add				
Remove				

attach additional sheets, if necessary).	(Be specific)
, <u></u>	
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an amandmant provides for an eval	ange, reclassification, or cancellation of issued shares,
an amenument provides for an exem-	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the amer	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
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.	
Dated9/30/14	
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)	-
NEIL GILWIT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	