## P100000080819

(Re	equestor's Name)	
(Ad	ldress)	
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(Cì	ty/State/Zip/Phone	<del>&gt;</del> #)
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Amend

JUN 1 4 2012

T. BROWN

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	THERAPHY MEDICAL CENTER, INC.			
DOCUMENT NUMBER:	P10000080819			
The enclosed Articles of Amendment	and fee are submitted for filing.			
Please return all correspondence conce	erning this matter to the following:			
	JORGE GALVEZ			
.,	// Name of Contact Person			
	Leve			
	Firm/ Company			
	85 GRAND CANAL DR. # 402			
	Address MIAMI, FL. 33144			
	City/ State and Zip Code			
	proconser@comcast.net			
E-mail add	ress: (to be used for future annual report notification)			
For further information concerning this	s matter, please call:			
Jorge Galvez	<sub>at(_</sub> 305 <sub>)</sub> 263-1244			
Name of Contact Perso				
Enclosed is a check for the following a	amount made payable to the Florida Department of State:			
□ \$35 Filing Fee XX\$43.75 F Certificat	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				
•	Tallahassee, FL 32301			

Certified Mail Receipt #7007 2560 0000 3903 / 226

## Artic Articl

Articles of Amendment to Articles of Incorporation of	OIVISION OF CORPORATION
THERAPY MEDICAL CENTER, INC.	4M//: 0.00
currently filed with the Florida Dept. of State)	
£10000080819	• 1

(Name of Corporation as current	y filed with the Florida Dept. of State)	
· P.	10000080819	
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of th	e corporation:	
	- N/A	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	N/A word "corporation," "company," or "incorporated" o orp," "Inc," or "Co". A professional corporation nam the abbreviation "P.A."	or the abbreviation ne must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) N/A	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the red office address:	<del></del>
Name of New Registered Agent	N/A	
-	(Florida street address)	
New Registered Office Address:	N/A , Florida_	
	(City) (Zip (	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	Registered Agent: nt. I am familiar with and accept the obligations of the p	osition.
	N/A	
Signature o	f New Registered 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>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	TAMER SABRY	198231 NW.87TH COURT MIAMI,FL. 33018
2) Change Add Remove	<u>'</u> P	LEIDY VALENCIA	9831 MARTINIQUE MIAMI,FL/. 33189
3 ) Change Add Remove		<u> </u>	
4) Change Add Remove			
5) Change Add Remove	- <del></del>		
6) Change Add Remove			

ADD: PRESIDENT 1  LEIDY VALENCIA  9831 MARTINIQUE  MIAMT, FL. 33189  MIAMT, FL. 33189  amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)  N/A  N/A  N/A		ARTICLE VII OFFICER/DIRECTOR
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	<u>isions for implementing t</u>	the amendment if not contained in the amendment itself:  N/A) .

The date of each amendment(s) add	ption: <u>MAY, 25/201</u>	2	
Effective date if applicable:	MAY 25, 2912		
	(no more than 90 de	ays after amendment file do	ite)
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The nu icient for approval.	mber of votes cast for the a	mendment(s)
☐ The amendment(s) was/were appromust be separately provided for each			
"The number of votes cast fo	or the amendment(s) was/were su	ifficient for approval	
by SHAREHOLDERS	3 · _ ·	·,,	w'
	(voting group) 😴		•
action was not required.  The amendment(s) was/were adopaction was not required.	ted by the incorporators without	shareholder action and sha	ıreholder
Dated 05	/25/2012		
Signature	Sucal	<del>_</del>	
(By a dtr. scleeted,	etor, president or other officer by an incorporator – if in the had d fiduciary by that fiduciary)		
	JORGE GA	LVEZ	
_	(Typed or printed nan	ne of person signing)	1
	AGENT	- V. Presid	ent
<del>-</del>	(Title of person sig	ning)	