# P10000088853

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MUNA 11

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Mallahassee, FIS32314 mg

NAME OF CORPORATION: $\mathcal{M} +$	L Rehab Centu	the
DOCUMENT NUMBER:	000088853	
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Loite	Calindo  Name of Contact Person	<u> </u>
M+L lle	en as Center &	hu
<u>2500</u> SW	107 avc + 32 Address	<del></del>
M'AM'	R 33105	<del></del>
	City/ State and Zip Code	
E-mail address: (to be u	ised for future annual report notification)	
For further information concerning this matter	-	
Name of Contact Person	at (790) 925 10 Area Code & Daytime Telep	phone Number
Enclosed is a check for the following amount	made payable to the Florida Departr	nent of State:
\$35 Filing Fee \$\times \text{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	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment** to

### **Articles of Incorporation**

(Document Number of Cor	poration (ii known)
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name of the corpo	oration:
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional a	on "Corp," "Inc," or "Co". A professional corporation ssociation," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	2500 sw 107 au ±32 MiAMI R 33105
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2500 sw 107 ave * 32 Higmi, R 33145
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent:	
	SW 107 avc + 32 (Florida street address)
	(City), Florida 33105 (City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	
Signature of	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)

Title PD	Name Loite Galindo	Address 5200 SW 8ST STO. 200 B	Type of Action  Add  Remove
<u></u>	Loite Galindo	Coxal baster, le 33174 2500 SW 107 aur Juite 32 MIAMI le 33167	- ' _
			Add Remove
	ding or adding additional Articles, end dditional sheets, if necessary). (Be spe		
provisi	nendment provides for an exchange, ions for implementing the amendment of applicable, indicate N/A)		
1,12			

The date of each amendment(s) adoption:  (date of adoption is required)  (for 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 3   15   11
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)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)