P10000096879

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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Palm Beach Rehabilitation + Medical Center Anc 110000094879 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alberto bace Kim Pain beach Unabilitation - Medical Center and 4524 GUN Club Rd + 211 West Palm beach R 33415

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (501) USO 9190

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 & \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Certified Copy

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional copy is enclosed)

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

of

· Palm Beach Rehabilitation + Medical Center onc
(Name of Corporation as currently filed with the Florida Dept. of State)
P10000094879
(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: 4524 but Club Rd
(Principal office address MUST BE A STREET ADDRESS) Sylte + 211
West Palm beach 12 33415
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 4524 GUN CLUB RU
Sulte + 211 West Palu Brach R 33415
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:
New Registered Office Address: (Florida street address)
New Registered Office Address: (Florida street address)
WIT Paly Beach, Florida 33745
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
A nervey accept the appointment as registered agent. I am juitate that did accept the confaitons of the position.
Signature of New Registered Agent, if changing

If umending 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)

Titl	Alberto Baez Kin	Address 4524 GUN Club Rd	Type of Action Add
<u>p</u>	_ Alberto Baez Kim	West Palm Brain R. 4524 Gun Club Rd Suite 211 West Palm Brain R 734	Remove Add Remove
•			
	amending or adding additional Articles, ttach additional sheets, if necessary). (Be		
	f an amendment provides for an exchang provisions for implementing the amendment (if not applicable, indicate N/A)		

The date of each amendment(s	12/9/10	
, , , ,	duty of adoption is required)	
Effective date <u>if applicable</u> : _	no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.)
	approved by the shareholders through voting groups. The following statemer for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	oting group)	
(oting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	2/9/10/	
Signature <u>&</u>	BAY	
selec	firector, president or other officer – if directors or officers have not been at, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Alberto Ball KIM (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	P/esident	
	(Title of person signing)	