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TALLAHASSEE, FLORING





### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2011

DAN BENSON BPDY MECHANICS 15340 JOG ROAD, SUITE 100 DELRAY BEACH, FL 33446

SUBJECT: BODY MECHANICS PHYSICAL THERAPY & REHABILITATION,

INC.

Ref. Number: P11000001218

We have received your document for BODY MECHANICS PHYSICAL THERAPY & REHABILITATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 111A00004247

#### COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: Body Mech	nanics Physical Therapy & Rehabilitation,	
DOCUMENT NU	JMBER:	P11000001218	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		David G. Ledis	
	7	lame of Contact Person	
	Body Mechanics Ph	ysical Therapy & Rehabilitation, Inc.	
		Firm/ Company	
	153	40 Jog Rd., Ste 100	
		Address	
	Del	ray Beach, FL 33486	
	C	ity/ State and Zip Code	
	dledis@myt	oodymechanicspt.com of for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	eborah S. Baker	at ( 561 ) 653-0008	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Department of State:	
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	<ul> <li>         [□] \$43.75 Filing Fee &amp; □ \$52.50 Filing Fee         Certified Copy         (Additional copy is enclosed)     </li> <li>         [□] \$52.50 Filing Fee         Certificate of Status         Certified Copy         (Additional Copy is enclosed)     </li> </ul>	
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassas, El. 32304	

## T) [[]

### Articles of Amendment to Articles of Incorporation of

Body Mechanics Physical Therapy (Name of Corporation as currently filed with					
P11000001218	3	or state)			
(Document Number of Corpora Pursuant to the provisions of section 607.1006, Florida State amendment(s) to its Articles of Incorporation:		rofit Corporation ad	opts the fo	llowin	ıg
A. If amending name, enter the new name of the corporati	on:		The nev	٠,	
name must be distinguishable and contain the word "cor abbreviation "Carp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional assoc	Corp, " "Inc, " or "C	o". A professional	ted" or the	e	
B. Enter new principal office address, if applicable:	15340 Jog Rd	., Ste. 100			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Delray Beach.	FL 33486	¥.s		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15340 Jog Rd,	, Ste. 100	ECRETARY LLAHASSE	1 MAR -8	77 177 187 187
	Delray Beach,		OF SI	No.	Œ.
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	ce address in Florid ddress:	a, enter the name of	the SA	5	
Name of New Registered Agent:					
New Registered Office Address: (Flo	orida street address)				
(City	y)	Florida (Zip Code)	<del></del>		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accep	of the obligations of th	he position.		
Signature of Ner	w 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	Name	Address	Type of Action
<u>D</u> .	David G. Ledis	15340 Jog Rd., Ste. 100 Delray Beach, FL 33486	☑ Add □ Remove
•.			☐ Add ☐ Remove
e-Printer and analysis, purposes			☐ Add ☐ Remove
provisions	idment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		
	,		

The date of each amendment(s)	adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> : (	no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were by the shareholders was/were	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 statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes car	st for the amendment(s) was/were sufficient for approval
სy	
(1)	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amondment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated2	lılıı
Signature(By a	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Daniel Benson
-	(Typed or printed name of person signing)
	Incorporator
•	(Title of person signing)