P11000006284

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05/20/11--01032--007   **35.00

Amend

5/26/11

FILED
2011 MAY 20 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
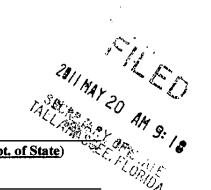
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _____ J.M. REHAB & THERAPY INC. _____

DOCUMENT NUMBER: _____ P11000006284 _____

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

Please return all correspondence concerning this matter to the following:

_____ JORGE IGLESIAS _____
Name of Contact Person

_____ J.M.REHAB & THERAPY INC _____
Firm/ Company

_____ 15688 S.W. 72 STREET _____
Address

_____ MIAMI, FLORIDA 33193 _____
City/ State and Zip Code

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

For further information concerning this matter, please call:

_____ JORGE IGLESIAS _____ at (305-) _____ 458-4090 _____
Name of Contact Person   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 & 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	**Street Address**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

J.M. REHAB & THERAPY INC.

FILED 2011 MAY 20 AM 9: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

P11000006284

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* 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: _____
(Principal office address MUST BE A STREET ADDRESS)

          _____

          _____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)   _____

          _____

          _____

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)

          _____, Florida_____
                  (City)   *(Zip Code)*

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.

          _____
          Signature of New Registered Agent, if changing

Page 1 of 3

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
D	RUBEN J. NUNEZ, M.D.	15688 S.W 72 ST MIAMI, FLORIDA 33193	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

_____

_____

_____

_____

_____

_____

_____

_____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ *5- 5- 11* _____

(date of adoption is required)

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.

Dated **MAY 5TH, 2011** _____

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)

JORGE O IGLESIAS
_____
(Typed or printed name of person signing)

PRESIDENT
_____
(Title of person signing)