

P110000043168

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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*Amend*

FILED  
2012 MAR 22 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 22 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2012

MILADYS SALGADO-ALBURQUE  
ELITE THERAPY & REHABILITATION CENTER  
6001 N.W. 153 STREET #178  
MIAMI LAKES, FL 33014

SUBJECT: ELITE THERAPY & REHABILITATION CENTER, INC.  
Ref. Number: P11000043168

We have received your document for ELITE THERAPY & REHABILITATION CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please show title for signing officers such as P,V,S OR D. on page #4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 112A00008876

RECEIVED

12 MAR 22 AM 8:57

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ELITE THERAPY & REHABILITATION CENTER INC.

DOCUMENT NUMBER: P11000043168

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

Please return all correspondence concerning this matter to the following:

MILADYS SALGADO-ALBURQUERQUE

Name of Contact Person

ELITE THERAPY & REHABILITATION CENTER INC.

Firm/ Company

6001 N.W. 153 STREET #178

Address

MIAMI LAKES, FLORIDA 33014

City/ State and Zip Code

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

For further information concerning this matter, please call:

MILADYS SALGADO-ALBURQUERQUE at ( 305 ) 904-8702

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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

ELITE THERAPY & REHABILITATION CENTER, INC.

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

P11000043168

(Document Number of Corporation (if known))

FILED  
2012 MAR 22 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 MILADYS SALGADO-ALBURQUERQUE

6001 N.W. 153 STREET # 178

(Florida street address)

New Registered Office Address: MIAMI LAKES, Florida 33014

(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

*(Attach additional sheets, if necessary)*

*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.*

Example:

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Address

6001 N.W. 153 STREET  
SUITE 178  
MIAMI LAKES, FLORIDA 33014

6001 N.W. 153 STREET  
SUITE 178  
MIAMI LAKES, FLORIDA 33014

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\_\_\_\_\_

Blank lined paper for writing.

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The date of each amendment(s) adoption: February 28, 2012

Effective date if applicable: February 28, 2012

(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 March 14, 2012

Signature Miladys Salgado

(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)

MILADYS SALGADO-ALBURQUERQUE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)