

P110000061704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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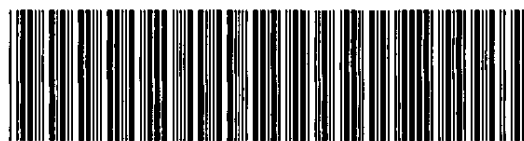
(Business Entity Name)

(Document Number)

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Amend

FILED
JUN 22 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gables Medical + Therapy Center Inc
DOCUMENT NUMBER: P 11000061704

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

Please return all correspondence concerning this matter to the following:

Mario Fuentes
Name of Contact Person
Gables Medical + Therapy Center Inc
Firm/ Company
836 Panu de Leon + 204
Address
Coral Gables FL 33134
City/ State and Zip Code
N/A
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Fuentes at (305) 443 0991
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
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

Gables Medical & Therapy Center Inc

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

P 110000061704

(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

(Florida street address)

New Registered Office 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

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)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☒ Add ☒ Remove	<u>VP</u>	<u>FUERTES, MARIO</u>	<u>834 Ponca de Leon Blvd</u> <u>Suite 204</u> <u>Coral Gables FL 33134</u>
2) ☐ Change ☒ Add ☒ Remove	<u>P</u>	<u>Muhlig, Rolando S</u>	<u>834 Ponca de Leon Blvd</u> <u>Suite 204</u> <u>Coral Gables FL 33134</u>
3) ☐ Change ☒ Add ☒ Remove	<u>P</u>	<u>FUERTES, MARIO</u>	<u>834 Ponca de Leon Blvd</u> <u>Suite 204</u> <u>Coral Gables FL 33134</u>
4) ☐ Change ☒ Add ☒ Remove	<u>S</u>	<u>FUERTES, Gladys B</u>	<u>834 Ponca de Leon Blvd</u> <u>Suite 204</u> <u>Coral Gables FL 33134</u>
5) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
6) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____

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[illegible]

The date of each amendment(s) adoption: _____

06/12/12

Effective date if applicable: _____

06/12/12

(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 _____

06/12/12

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)

Mario Fuent

(Typed or printed name of person signing)

president

(Title of person signing)