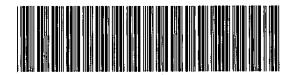
## 000072094

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



000241838650

12/04/12--01009--007 \*\*140.00

Amend

DEC - 4 2012

T. BROWN



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME	nyvical therapy	(DOCUMENT #) PNO 00072	
2. (CORPORATE NAME	)	(DOCUMENT #)	
3. (CORPORATE NAME	)	(DOCUMENT #)	
	Pick up time: Certifie		
New Fillings	*Amendments	<b>Other Fillings</b>	
	Amendments	<b>Other Fillings</b>	
New Fillings	*Amendments	Z Other Filings	
New Fillings Front	Amendments Amendments	Annual Report Fictitious Name	
New Fillings	Amendments  Amendments  Resignation	Other Filings Annual Report Fictitious Name	

Examiners Initials

12 DEC -4 PH 2:57

## Articles of Amendment to Articles of Incorporation of

DADE PHYSICAL THERAPY CI	ENTER, INC.			• ,
Name of Corporation as currently fi	led with the Florida Dep	ot. of State)		-
P11000072094				_
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	Statutes, this Florida Pr	ofit Corporation add	opts the followin	ng amendment(s) to
A. If amending name, enter the new name of the co	rporation:			
name must be distinguishable and contain the work "Corp." "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A pr	any," or "incórpoi ofessional corporai	rated" or the a tion name must	_The new bbreviation contain the
B. Enter new principal office address. if applicable				_
(Principal office address <u>MUST BE A STREET ADD</u>	RESS )			-
	<del></del>		<del> </del>	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	y			-
.*				<u>.</u>
D. If amending the registered agent and/or register new registered agent and/or the new registered		ida, enter the nam	e of the	
Name of New Registered Agent				
·				
	(Florida street address)			
New Registered Office Address:		, Florida		_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regi				
I hereby accept the appointment as registered agent.	I am familiar with and ac	cept the obligations	of the position.	
Structure of No	nu Registered Agent if ch.	maina		

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: X Change	PI	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith <sub>.</sub>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	SEC	2	IMBER MEDINA	3870 S W 99 AVE
$X_{Add}$				APT #3
Remove				MIAMI FL 33165
2)Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		<del>-</del> -		
Add				
Remove				
5) /51				
5) Change				
Add				
Remove			•	
δ) Change				
Add			·	
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	·
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate NA)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s)	adoption: 08/30/2012
Effective date if applicable:	08/30/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONF</u> )
☐ The amendment(s) was/were a 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 umendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and sharebolder
Dated 09/01	1/2012
Signature	Soft
(By a selec	a director, president or other officer – if directors or officers have not been sted, by an incurporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	JOSE A PERERA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)