## P11000072558

(Rec	questor's Name)	
(Address)		
(Add	lress)	
. (City	/State/Zip/Phone	<del>e</del> #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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12/28/11--01006--004 \*\*35.00

Amend

11 DEC 28 AM 9: 06

11-3-12

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	0110	lehab - 000725		Center Onc
The enclosed Articles of	Amendment and fee are su	abmitted for filing	•	
Please return all correspon	ndence concerning this ma	atter to the following	ng;	
	T	Rehab Firm/ Con Wishar Addre ampa City/ State and	Therapa mpany + Blue Ess £ 334 Izip Code	.63
For further information co		se call:	·	,
Alexis L	<del></del>	at (		879 5902
Name of C	ontact Person		Area Code & I	Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Flo	rida Departmen	t of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Certified Cop (Additional c	oy C copy is C ditional Copy	52.50 Filing Fee ertificate of Status ertified Copy s enclosed)
Amendr	Address nent Section of Corporations x 6327		Street Addre Amendment S Division of C Clifton Build	Section orporations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation
of
Premier Rehas Therapy Center One
(Name of Corporation as currently filed with the Florida Dept. of State)
P11000072558
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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."

"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profe.		
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		7.50 7.50 7.50 7.50 7.50	1-186
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent  Name of New Registered Agent		in the second se	28 M 9: 06
<u></u>	(Florida street address)		<b>7</b>

Florida\_

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

New Registered Office Address:

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	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	ρ	Martinez Pedro	4417 WisharT Bluce
2) Change Add Remove	ρ	Llamosa, Alexis	4417 Wighart Bluce Tompa, 12 33603
3) Change Add Remove	<del></del>	•	
4) Change Add Remove			
5) Change Add Remove	**************************************		
6) Change Add Remove	<del></del>		

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
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	•
	<del></del>
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ado	ption: 12 21 11
Effective date if applicable:	12/2/11
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder
action was not required.	ed by the incorporators without shareholder action and shareholder
Dated12	121/11 Wan
Signature	Man
selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if iduciary by that fiduciary)
_	Alexis Llamosa
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)