## 00400962 01/12/2013 05:3 Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000132498 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6389

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

\*\*Enter the email address for this business entity to be used for future 🛱 annual report mailings. Enter only one email address please.\*\*

Fmail Address:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **NOVA-CARE REHAB SERVICES, INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Memi<sup>N</sup>

Help

MAY I G 2017 C MCNAIR

H17000132498

## Articles of Amendment to Articles of Incorporation of

NOVA-CARE REHAB SERVICES, INC			
	tion as currently filed with the F	lorida Dept. of State)	
P11000100962			
(Docu	ment Number of Corporation (if k	nowa)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florida Profit Co</i>	rporation adopts the following ame	endment(s) to
A. If amending name, enter the new name of the c	orporation:	7	37415
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp			lation .
word "chartered," "professional association," or the			n Sili
O Material and Advantage of the Control of the Cont			•
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	DRESS)		# F. T.
C. Enter new mailing address, if amplicable; (Mailing address MAY BE A POST OFFICE Be	230		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, en I office address:	ter the name of the	
Name of New Registered Agent			
	(Florida street address)		
Nov. Provintenced Office Address	(A cor min are one contract)	T1_u: 4_	
New Registered Office Address:	(City)	, Florida(Zip Code)	<del></del>
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		e obligations of the position.	
Sign	nature of New Registered Agent i	Changing	

Example:

## H17000132498

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.

X Change	PT	<u> John Doe</u>	
X Remove	<u>v</u>	Mike Iones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	AGUILA PEREZ, YURIANO	6301 MEMORIAL HWY SUITE 3
Add			TAMPA, FL 33616
X Remove		•	
2) Change	P	ACOSTA, ARTENIO	6301 MEMORIAL HWY SUITE 3
X Add			TAMPA, FL 33815
Remove			
3)Change	<u></u>		
Add	•		
Remove			
4)Change		<u> </u>	
АфА			
Remove			
5)Change			
Add			
Remove		·	
6) Change			
Add			
Remove			

<u>If amending or adding additional Artic</u>	iles, enter change(s) hors:
If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
•	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an each	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	A STATE OF THE STA
<del></del>	

3032281448	LAZARUS	PAGE 05/
·	H1/tr	00,32498
		00132498
The date of each amendment(s) adopted date this document was signed.	05-09-17	, if other than the
Effective date if applicable:		
,	(no more than 90 days after amendment file date).	
Note: If the date inserted in this block of document's effective date on the Departm	loss not meet the applicable statutory filing requirements, this ent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CRECK ONE)	
The amendment(s) was/were adopted to by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	ni(s)
[] The amendment(s) was were approved must be separately provided for each	by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	•
The amendment(s) was/were adopted to action was not required.	ry the board of directors without shareholder action and shareh	ölder
The amendment(s) was/were adopted to action was not required.	y the incomperators without shareholder action and shareholder	<b>.</b>
DatedO	5-09-17	
Signature	Asla	
(By a director	, predident or other officer - if directors or officers have not be in incorporator - if in the hands of a receiver, trustee, or other c	en
appointed fig	n memposaira — if in the mains of a reserver, trustee, of other c	omi
	ARTENIO Acosta (Typed or printed name of person signing)	<del></del>
, <del>,, , , , , , , , , , , , , , , , , , </del>	President (Title of person algoing)	<del> </del>
	(Trite of person siguing)	,