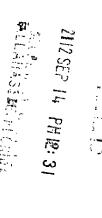
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR DOCUMENT NUMB	ATION: HOLLYWOO		AB CENTER INC.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	GERALDO ZAME	BUTO	
-		Name of Contact Person	1
-		Firm/ Company	
	2418 SHERIDAN	ST	
-		Address	
_	HOLLYWOOD FI		
		City/ State and Zip Cod	e
For further information	E-mail address: (to be us concerning this matter, pleas		notification)
Paulina Seppanen		at (561	734-8599
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	Ing Address Indment Section Ifon of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of



HOLLYWOOD PAIN & REHAB CENTER INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	- Co.,
212000031373	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the folios Articles of Incorporation:	wing amendment(s
. If amending name, enter the new name of the corporation:	
<u></u>	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the Corp.," "Inc., "or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name mord "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	
· 	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
 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: 	
new registered agent antitor the new registered office address:	
Name of New Registered Agent FONIE PET, DOS 2418 Sheripan St (Florida street address)	
2418 ShERIDAN ST	
New Registered Office Address: 14011 Y WO 10 Florida 3702 (City) (City)	0
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ion.
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: XChange	PT	John Doc	•
X Remove	¥	Mike Jones	
_X Add	ŞY	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	Р	WEISS, MICHAEL D.C	2418 SHERIDAN ST HOLLYWOOD FL 33020
2) Change Add Remove	P	GERLANDO ZAMBUTO	3401 DEER CREEK COUNTRY CLUB BLVD STE 2 DEERFIELD BEACH, FL 33442
3) Change Add Remove			
4) Change Add Remove		·	
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if nacessary). (Be specific)	
N/A ·	
	
	·
F. If an amendment provides for an exchange, reclassification, or cancellat provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A) N/A	ion of issued shares, indment itself:

	1/1/2
The date of each amendment(s) ad	option: 4n/2f/
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(a) was/were adopt action was not required.	oted by the incorporators without shareholder action and shareholder
Dated 6/1/1	
Signature	
selected	rector, 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 and fiduciary by that fiduciary)
_	GERLADS & ZAMBUTO
_	(Typed or printed name of person signing)
_	(Title of person signing)
	(Title of person signing)