

P13000000 736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

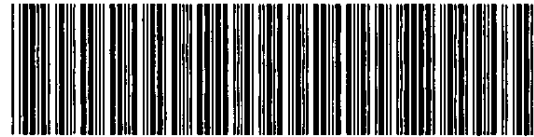
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 AUG 26 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 27, 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2013

ALBERTO SORELL PERDOMO / ASP PHYSICAL THERAPIST INC
125 W 7 STREET APT 4
HIALEAH, FL 33010

SUBJECT: ASP PHYSICAL THERAPIST, INC
Ref. Number: P13000000736

We have received your document for ASP PHYSICAL THERAPIST, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 113A00019027

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ASP Physical Therapist Inc
DOCUMENT NUMBER: P130 00000 736

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

Please return all correspondence concerning this matter to the following:

Alberto Sorell Perdomo
Name of Contact Person
ASP Physical Therapist Inc
Firm/ Company
125 W 75ST APT #4
Address
Hialeah FL 33010
City/ State and Zip Code
China3644@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Sorell Perdomo at (786) 271-2900
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

FILED

13 AUG 26 PM 3: 01

ASP Physical Therapist Inc

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P13000000736

(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)

125 W 7 ST. #4
Hialeah FL 33010

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:

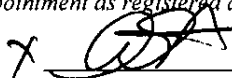
Name of New Registered Agent _____

(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.

X 

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) <input checked="" type="checkbox"/> Change | _____ | _____ | 125 W 7 ST. #4 |
| _____ Add | _____ | _____ | Hialeah FL 33010 |
| _____ Remove | _____ | _____ | _____ |
| 2) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>Alberto SORRELL</u> | _____ |
| _____ Add | _____ | <u>PERDOMO</u> | _____ |
| _____ Remove | _____ | _____ | _____ |
| 3) _____ Change | _____ | _____ | _____ |
| _____ Add | _____ | _____ | _____ |
| _____ Remove | _____ | _____ | _____ |
| 4) _____ Change | _____ | _____ | _____ |
| _____ Add | _____ | _____ | _____ |
| _____ Remove | _____ | _____ | _____ |
| 5) _____ Change | _____ | _____ | _____ |
| _____ Add | _____ | _____ | _____ |
| _____ Remove | _____ | _____ | _____ |
| 6) _____ Change | _____ | _____ | _____ |
| _____ Add | _____ | _____ | _____ |
| _____ Remove | _____ | _____ | _____ |

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____
date this document was signed.

08/20/2013

Effective date if applicable: _____

8/20/2013

(no more than 90 days after amendment file date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

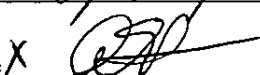
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

8/20/2013

Signature

X 

(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)

Alberto Sorell Perdomo

(Typed or printed name of person signing)

President

(Title of person signing)