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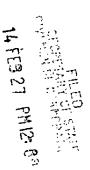
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PICK-UP	WAIT MAIL	
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Amend 102.28,14

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: INNOVATIVE MEDICAL REHAB CENTER INC DOCUMENT NUMBER: P13000002669 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LHERISSON DOMOND Name of Contact Person INNOVATIVE MEDICAL REHAB CENTER INC Firm/ Company 3960 N. ANDREWS AVENUE Address OAKLAND PARK, FL 33309 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LHERISSON DOMOND at (754) 245-8443

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

**Mailing Address** 

TO: Amendment Section

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

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation of

## INNOVATIVE MEDICAL REHAB CENTER INC

(Name of Corporation as currently		of State)	-
P13000002669			
(Document Number of	of Corporation (if known)		•
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Proj	fit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			_The new
name must be distinguishable and contain the will "Corp.," "Inc.," or Co.," or the designation "Coword" chartered, ""professional association," or the	rp," "Inc," or "Co". A pro		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: DDRESS )		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3 <u>0X</u> )		14 FEB 27 PM 12: 8:0
D. If amending the registered agent and/or registered agent and/or the new registered	ed office address:		PWID: 0°
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: u. I am familiar with and ac	cept the obligations of the position.	

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.

X Change	<u>PT</u> <u>Johr</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PTS	Domond, Lherisson MD	3960 N. ANDREWS AVE
Add			OAKLAND PARK, FL 3330
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)  If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	<u>lf amending or adding additional Art</u>	ticles, enter change(s) here:
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	if an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	provisions for implementing the am	nendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
		<del></del>
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The date of each amendment(s) adoption: U2/U5/2014 date this document was signed.	, if other than the
Effective date if applicable: 02/05/2014	
(no more than 90 days after amendment file date)	
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	
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_02/05/2014	
Signature Lheiring Domina 14, D	<u></u>
(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)	
Lherisson Domond, MD	
(Typed or printed name of person signing)	
president	
(Title of person signing)	<del></del>