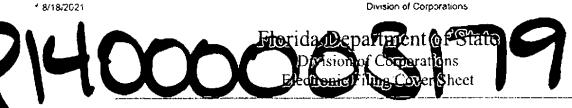
Division of Corporations



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To:

Division of Corporations

Email Address:

Eax Number : (850)617-6380

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALL PHYSICAL THERAPY INC.

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Help

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Articles of Amendment Articles of Incorporation of

ALL Physical Therapy Inc			
(Name of Corporation as curren	tly filed with the Florida Dept. of	State)	
P14000003179			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts	the following amendme	ent(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation,"	"assumany " or "incompresed" or th	The new	
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name	must contain the word	!
B. Enter new principal office address, if applicable:	8475 SW 43RD ST		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	 -	2021 SEC	
	Miami, FL 33155	WE I	T
		<u> ₹</u>	64720 44720
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	8475 SW 43RD ST	73 - 3 127 - 338 127 - 338	14141
(Salara Casa Casa Casa Casa Casa Casa Casa C		1111	
	Miami, FL 33155	<u> </u>	C42247
	Wildin, 1 & 33133	i: 9	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		[the	
Name of New Registered Agent		***************************************	
(Florida s	treet address)		
New Registered Office Address:	, Flo	rida	
The state of the s	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		he position.	
The test accept the top produce the second s	,	, and a second	
	b		
Signature of New I	Registered Agent, if changing		
Check if applicable			
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (c), F.S.		

From: Luciano Puentes

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)

To: +18506176380

Please note the officer/director title by the first letter of the office title:

Page: 4 of 6

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 D	<u>oe</u>		
X Remove	<u>v</u> .	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name		Address
(Check One) X Change	P		Carilyn Hernandez		8475 SW 43RD ST
Add					
Remove					Miami, FL 33155
2) Change				_	2021/ SEG
Add					2021 AUG.18 SEGRE MARY TALL MHA
Remove 3) Change				<u>-</u>	71
. , Add		•			To o
Remove					
4) Change		_		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Add -		•			
Remove	•				
5) Change		-			
Add Remove	٠.				
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Add		<u> </u>			
Remove			•		·
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Page: 5 of 6

stach additional sheets, if	necessary).	cles, enter change (Be specific)						
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an amendment provides provisions for implement	ing the ame	ndment if not cor	ntained in the 21	nendment itsel	†:		rn.	.
(if not applicable, indi	icate N/A)							
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Page: 6 of 6

The date of each amendment(s) adoption:date this document was signed.	, 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 does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direction was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separat	ely on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient-	for approval SECRETALL ALL ALL ALL ALL ALL ALL ALL
by	
August 18, 2021	
Duted	
Signature	7 A S 9 S 9
(By a director, president or other officer – it director, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
Carrlyn Hernandez	
(Typed or printed name of pers	on signing)
President	
(Title of person signing)	