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(((H15000099961 3)))



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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MARTINEZ HEALTH CARE & REHABILITATION CENTER INC

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April 27, 2015

## FLORIDA DEPARTMENT OF STATE

MARTINEZ HEALTH CARE & REHABILITATION CENTER INC 7221 SW 24TH STREET 8UITE 205 MIAMI, FL 33155

SUBJECT: MARTINEZ HEALTH CARE & REHABILITATION CENTER INC

REF: P14000083937

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

PLEASE CLARIFY WHETHER THE ADDRESS IS 3800 NW 79TH AVE OR 3900 NW 79TH AVE?????????

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.

Darlene Connell Regulatory Specialist III FAX Aud. #: H15000099961 Letter Number: 615A00008529

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10 DESARTHER OF SUPPLY AND STATE

11 ALL AHA SSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment

H15000099961

to
Articles of Incorporation

of

Martinez	Health	Care	<u>\$</u>	Rehabilitation
<u></u>	- 6 5 6 5		-	Center inc

Center Inc
Florida Document Number: P14000083937
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
CHANGE ALL ADDRESSES:
3900 NW 79 AUR SUIT # 1/76 A
DORAL FC 33166
±( 5
** P
### #################################
15 To 16 To
These articles of amendment were adopted on 04/23/15
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.
Signature
JUREK MARTINEZ (P) Printed Name and Title
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.
Signature of New Registered Agent, if changing