Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000278436 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALLSTATE MEDICAL CONSULTING

Account Number : I20110000067 Phone

: (786)362-0124

Fax Number

: (786) 620-2583

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

Email Address:

NAME COR AMND/RESTATE/CORRECT OR O/D RESIGN SUN PROFESSIONAL REHAB CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

A RAMSEY

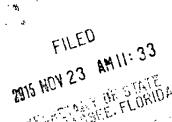
Electronic Filing Menu

Corporate Filing Menu

Help

KAIZEN MEDICAL CONSULTING

Articles of Amendment to Articles of Incorporation



	of		Alla .	F. FLORIUM
SUN PROFESSIONAL REHAB CENTER INC				E. PL
(Name of Corpora	stion as currently fil	ed with the Florida I	Dept of State)	**
P14000092810		*	130 . L. A.	24,0
(Doce	ument Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	rida Statutes, this <i>Flor</i>	ida Profit Corporatio	n adopts the follo	wing amendment(s) t
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp, " "Inc," or "Co".	A professional corp	orporated" or the poration name m	The new e abbreviation ust contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ble: DDRESS)	1840 W Hi-leal	49 8T	<u>. STE</u> 51 33012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.		1840 x Hialea	495T	. STE 51 33012
D. If amending the registered agent and/or registered agent and/or the new registered	d office address:	_		
Name of New Registered Agent 50	anco,	CARLO	S E.	<u> </u>
_ 18	(Florida street ad	49 ST,	ste 5	14
	(Florida street aa	ldress)		- ~ ! ~
New Registered Office Address:	HILL	zah	, Florida	3301
	(1.00))	y carry
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar with a	nd accept the obligat	ions of the positio	n.
	JEST	r/		
Sign	nature of New Registe	ered Agent, if changin	ng .	

Page 1 of 4

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	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	BLANCO, CARLOS E.	1840 W 49 ST. STE 51 Hialech FL 33012
X Add			Hialech, Fl 33012
Remove			
2) Change	P	ALVAREZ, RAUL A.	8300 WFlagler ST
Add			STR 203.
X Remove			Flomi, FL 33144
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
rovisions for implementing the amen-	inge, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
rovisions for implementing the amen-	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
rovisions for implementing the amen-	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
rovisions for implementing the amen-	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
rovisions for implementing the amen-	unge, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
rovisions for implementing the amen-	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
rovisions for implementing the amen-	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:

Page 3 of 4

11/18/2015	
The date of each amendment(s) adoption:	, 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 statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adaption 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 - 15 Signature	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Presidente	
(Title of person signing)	

Page 4 of 4