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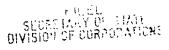
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PHYSICIAN SERVICES & REHAB INC DOCUMENT NUMBER: P15000021227					
The enclosed Articles of Amer	ndment and fee are su	ibmitted for filing.			
Please return all correspondence concerning this matter to the following:					
ALAN L TANNENBAUM					
	-	Name of Contact Person	1		
		Firm/ Company			
506 SE 47TH TERRACE SUITE B					
		Address			
<u>C</u> AF	PE CORAL	<u>, FL 33904</u>			
		City/ State and Zip Cod	e		
——————————————————————————————————————	nail address: (to be us	sed for future annual report	notification)		
For further information concer-	ning this matter, pleas	se call:			
ALAN TANNEN	IBAUM	_{at (} 239	549-2772		
Name of Conta	ct Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
<u>-</u>	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 Add			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee,	FL 32314		xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment



15 APR 27 PM 1: 33

Articles of Incorporation

PHYSICIAN SERVICES & REHA	AB INC
(Name of Corporation as currently filed with t P15000021227	he Florida Dept. of State)
(Document Number of Corporation	on (if known)
•	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
N/A	The new
name must be distinguishable and contain the word "corpor" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	506 SE 47TH TERRACE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE B
	CAPE CORAL, FL 33904
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	506 SE 47TH TERRACE
(SUITE B
	CAPE CORAL, FL 33904
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the name of the lress:
Name of New Registered Agent N/A	
	J
(rioria	da street address)
New Registered Office Address:	, Florida (City) (Zip Code)
,	
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	liar with and accept 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change		-		
Add Remove				
2) Change				
Add Remove				
3) Change				
Add				
4) Change				
Add Remove				
5) Change				
Add Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
1/A		
		<u>.</u>
		<u>-</u>
		·
		
		
If an amendment provides for an exch	ange, reclassification, or cancellation of issued	l shares,
provisions for implementing the amer	ndment if not contained in the amendment itse	lf:
(if not applicable, indicate N/A)		
<u>/A</u>		
 -		
		
		<u> </u>

The date of each amendment(s) adoption: 04/20/15	FILEU SECRETARY OF STATE BIVISION OF CORPORAGIFOTHER than the					
date this document was signed.	Or y 15 to white the transfer of 50, mother than the					
Effective date if applicable: 04/20/15	15 APR 27 PM 1: 33					
(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 by the shareholders was/were sufficient for approval.	f 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 separately						
"The number of votes cast for the amendment(s) was/were sufficien	t for approval					
by	.,					
(voting group)						
The amendment(s) was/were adopted by the board of directors without shaction was not required.	areholder action and shareholder					
The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder					
Dated 04/20/15	MM					
Signature	~					
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)						
ALAN TANNENBAUM						
(Typed or printed name of person signing)						
PRESIDENT						
(Title of person signing)						