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.

(((H16000056938 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:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CULUMBIA REHAB MEDICAL CENTER CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Range y Help

Articles of Amendment to Articles of Incorporation

16 MAR - 4 PM 12: 49

	10 mm.
TULUMBIA REHAB MEDICAL CENTER CORP	SECRETARY OF STA
(Name of Cornoration as current	ly filed with the Florida Dept. of State AHASSEE. FEE
16000017653	:
(Document Number o	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
· · · · · · · · · · · · · · · · · · ·	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable; Principal office address MUST BE A STREET ADDRESS)	126 EAST 49 STREET
•	HIALBAH FL 33013
Enter new mailing address, if applicable: (Matting address MAY BE A POST OFFICE BOX)	126 EAST 49 STREET
	HIALEAH FL 33013
. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address	
34 Par. 19 h. 17 .	1
Name of New Registered Agent	
	trees address)
	rees address)

Page 1 of 4

H16000056938

If anunding 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 = Chairmon 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:

Trumps.		101111170		
X Remove	¥	Mike In	nes	
_ <u>X</u> Add	<u>sv</u>	Sally Sn	pith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Ramova			•	
3) Change	·—	_		
Add			•	
Remove				
4) Change				
Add				
Remove	•			
5)Change		_		
Ađđ				
Remove				
o) Change				
Add		- .		4
Remove				
TOTAL VICINIA				

Page 2 of 4

	cies, enter chappe(5) here: (Be specifie)
<u> </u>	
······································	· N/N
	, , , N
•	
evisions for implementing the omer	ndment if not contained in the amendment itself:
n amendment provides for an exchorisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
evisions for implementing the omer	igner. Personneanon, or careriation in mouse volves, and an extension in the amendment itself.
evisions for implementing the uner	enge. Presentences, or careciston in amount outer. I not contained in the amendment itself.
evisions for implementing the uner	enge. Presentence, or careciston in amount ourse. Inducent if not contained in the amondment itself:
n arcendment provides for an exchorisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself.
evisions for implementing the omer	ndment if not contained in the amendment itself.
evisions for implementing the uner	igner. Periamicanon, or cancellation in modern toures, and ment if not contained in the amendment itself.

H16000056938

	MARCH 04 2016
The date of each amendment date this document was signed	(s) adoption: if other than the control of
OHIG HIM GOGSTOOM MYZ SIĞING	MARCH 04 2016
Effective date <u>if applicable</u> :	
	(no more than 90 days after amundment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s);
"The number of vote	s oast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated O	4-12016
Ţ <u>a</u>	By Schrecht, president or other officer - if directors or officers have not been
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court
2	ppointed fiduoiery by that fiduciary)
	Louis Robaina (Typed or printed name of person signing)
	(Typed or printed name of person alguing)
	PRESIDENT
	(Title of person signing)