: 09 305 08/1 rida Department of Stat **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. (((H17000220598 3))) H170002205983ABC1 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 197 197 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. AUG Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 œ A **Enter the email address for this business entity to be used for future ڢ annual report mailings. Enter only one email address please. 80 Email Address: . 190 COR AMND/RESTATE/CORRECT OR O/D RESIGN MED THERAPY & REHAB CENTER INC. Certificate of Status 0 RN - HA RECEIVE Certified Copy 0 AUG 2 1 2017 Page Count 02 00 Estimated Charge I ALBRITTON \$35.00 Ľ

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08/18/2017 16:09 08/09/2017 14:21 3052201440 LAZARUS PAGE 02/02 3052201440 l LAZARUS PAGE _01/01 #17000220598 Articles of Amendment τu Articles of Incorporation of Mec Rehab Center Inc. Florida Document Number: P160 SOT^2 Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: Kenove: Cindr ADD. Y <u>Inie</u>r Checia am 2013 AUG 8 創了 18 These articles of amendment were adopted on Ó The corporation has only one group of voting stock. This amendment was approved by the shareholders and the moment of votes east for amendment was sufficient for approval. Signature $\mathcal{O}_{\mathcal{V}}$ Printed Name and Tule 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 H17000220598

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