

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.

(((H20000087596 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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email 1	Address:		
	AUDITESS:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN K & M THERAPY SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

Articles of Amendment to

Articles of Incorporation

Land H. therapy Services Coep			
Florida Document Number: P13000063013			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpor following amendment(s) to its Articles of Incorporation:	ration	adopts	the
Change title			
Expense MAQUEIRA President ONLY			
President ONLY			
		-8	
		= : :- :::::::::::::::::::::::::::::::::	· rese
		AH	
		<u>+</u>	
These articles of amendment were adopted on 3/18/2	2.		
The corporation has only one group of voting stock. This amendment was approved by the sharchol votes cast for amendment was sufficient for approval	ders an	id the nu	ı m ber of
Signature			
Princed 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 posi-	tion.		
Signature of New Registered Agent, if changing			