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.

(((H21000368365 3)))



H210003683653ABC1

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

Ťo:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for futur

annual report mailings. Enter only one email address please. **

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN OZ MEDICAL AND REHAB CENTER INC

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

OCT = 4 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

Articles of Incorporatio of OZ MEDICAL AND REHAB CENTER INC

Florida Document Number: P21000044806
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
ADD cynthia Mirabal as VP
These articles of amendment were adopted on 09/10/2021
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.
OCT OCT AHAS
SET - I
Signature FSS A D
Printed Name and Title Printed Name and Title Printed 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 position.

Signature of New Registered Agent, if changing