

P95000047303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700311316037

04/23/18--01023--009 \*\*43.75

RECEIVED  
MAY 16 2018  
T. LEMMEUX

2018 MAY 09 P 14 40

FILED

MAY 16 2018  
T. LEMMEUX

*[Handwritten signature]*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Healthex Physical Therapy, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P95000047303

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linzy E. Garcia  
Name of Contact Person

Revival Physical Therapy, Inc.  
Firm/Company

1805 East West Parkway, Ste 1  
Address

Fleming Island, FL 32003  
City/State and Zip Code

linzgarcia\_04@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linzy E Garcia at (904) 264-3005  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$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 Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2018

LINZY E GARCIA  
1805 E WEST PKWY STE 1  
FLEMING ISLAND, FL 32003

SUBJECT: HEALTHEX PHYSICAL THERAPY, INC.  
Ref. Number: P95000047303

We have received your document for HEALTHEX PHYSICAL THERAPY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Florida corporation the document you sent in is for a Foreign corporation. You will need to file Articles of Amendment for a profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 318A00008402

RECEIVED  
MAY 1 11 AM  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

Healthex Physical Therapy, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000047303

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Revival Physical Therapy, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1805 East West Parkway Ste 1  
Fleming Island, FL 32003

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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.

N/A

Signature of New Registered Agent, if changing

2018 MAY 09 P 11 40  
TALLAHASSEE  
FLORIDA  
DEPT. OF STATE

FILED

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:**

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PST</u>	<u>Stephen P. Mooney</u>	<u>1805 East West Parkway</u> <u>Ste 1</u> <u>Fleming Island, FL 32003</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Jeannett Garcia</u>	<u>1805 East West Parkway</u> <u>Ste 1</u> <u>Fleming Island, FL 32003</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Linzy E. Garcia</u>	<u>1805 East West Parkway</u> <u>Ste 1</u> <u>Fleming Island FL 32003</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

1,000 Shares issued to Linzy E. Garcia.

The date of each amendment(s) adoption: March 15, 2018, if other than the date this document was signed.

Effective date if applicable: March 15, 2018  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated May 04, 2018

Signature [Signature]  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Linzey E. Garcia  
(Typed or printed name of person signing)

PT, President CEO  
(Title of person signing)