

P970000 48664

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DIVISION OF CORPORATE  
2017 JAN 17 AM 8:15

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C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2017

THERESA A. SCHRECENGOST, RP / TUCKER ARENSBERG, P.C.  
1500 ONE PPG PLACE  
PITTSBURGH, PA 15222 US

SUBJECT: BAYLIFE PHYSICAL THERAPY & REHABILITATION, INC.  
Ref. Number: P97000048664

We have received your document for BAYLIFE PHYSICAL THERAPY & REHABILITATION, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 817A00000292

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BayLife Physical Therapy & Rehabilitation, Inc.

DOCUMENT NUMBER: P97000048664

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa A. Schrecengost, RP

Name of Contact Person

Tucker Arensberg, P.C.

Firm/ Company

1500 One PPG Place

Address

Pittsburgh, PA 15222

City/ State and Zip Code

tschrecengost@tuckerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa A. Schrecengost

Name of Contact Person

at ( 412 ) 594-5582

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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

2017 JAN 17 AM 8:15

Articles of Amendment  
to  
Articles of Incorporation  
of

BayLife Physical Therapy & Rehabilitation, Inc.

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

P97000048664

(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:

*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)

480 Johnson Road

Suite 303

Washington, PA 15301

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

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 CT Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address: Plantation, Florida 33324  
(City) (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.



Signature of New Registered Agent, if changing

MARGARET E. ROUTZAHN  
Special Assistant Secretary

**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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P/S</u>	<u>Ryan Christoff</u>	<u>480 Johnson Road</u>
<input type="checkbox"/> Add			<u>Suite 303</u>
<input type="checkbox"/> Remove			<u>Washington, PA 15301</u>
2) <input checked="" type="checkbox"/> Change	<u>CEO/T</u>	<u>Shannon Vissman</u>	<u>480 Johnson Road</u>
<input type="checkbox"/> Add			<u>Suite 303</u>
<input type="checkbox"/> Remove			<u>Washington, PA 15301</u>
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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			_____

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

7

(If not applicable, indicate N/A)

[illegible]

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

Effective date if applicable: \_\_\_\_\_  
(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 12/28/2016

Signature Ryan Christoff  
(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)

Ryan Christoff

(Typed or printed name of person signing)

President/Secretary

(Title of person signing)