

P97000088743

Robert D. Royston, Jr., P.A.
Requestor's Name

P.O. Drawer 60205
Address

Ht. Myers, FL 33906
City/State/Zip Phone #

FILED
97 OCT 30 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 000002339720-1
(Corporation Name) (Document #) -11/06/97-01002-015
*****35.00 *****35.00

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS NOV 4, 1997


N/C

MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC. OF LEE COUNTY
AMENDMENT TO ARTICLES OF INCORPORATION


Pursuant to Florida Statutes, Section 607.1003 and 607.1006, MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC. OF LEE COUNTY, files the following amendment the its Articles of Incorporation filed October 14, 1997, document number P97000088743.

1. TEXT OF AMENDMENT. The name of the corporation shall be changed to MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC.

2. DATE ADOPTED. The amendment was adopted by written consent signed by all of the directors and shareholders in and of MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC. OF LEE COUNTY, pursuant to Florida Statutes, Sections 607.0821, 607.0704 and 607.1003, dated the 24th day of October, 1997.



ATIS LINKAITIS, President of
MED FIT REHABILITATION AND
WELLNESS PROVIDERS, INC. OF LEE
COUNTY



Attest: ATIS LINKAITIS, Secretary of
MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC.

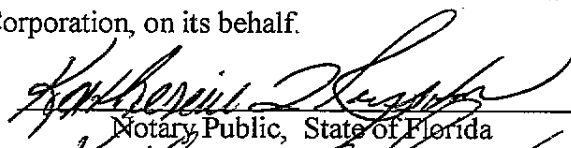
STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 24th day of October, 1997, by ATIS LINKAITIS, as President of MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC. OF LEE COUNTY, a Florida Corporation, on its behalf.

My Commission Expires: KATHERINE L ROYSTON
My Commission CC531153
Expires Mar. 01, 2000

SEAL





Notary Public, State of Florida



(printed name of notary)

Personally Known ☒ OR Produced Identification ☐
Type of Identification Produced _____

MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC. OF LEE COUNTY
ACTION BY WRITTEN CONSENT OF DIRECTORS AND STOCKHOLDERS

DATE: October 24, 1997

RE: Amendment of Articles of Incorporation (Name Change)

The undersigned, being all the directors and stockholders of MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC. OF LEE COUNTY, a Florida corporation, hereby consent to the taking of the following actions in writing, without meeting, pursuant to Sections 607.0821 and 607.0704 of the Florida Business Corporation Act:

RESOLVED, by the board of directors and stockholders of MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC., that:

1. Change of Corporate Name. The corporate name shall be changed to MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC. and the President shall take all action necessary to accomplish the same, including the payment of attorneys fees and the costs of amending the Articles of Incorporation to effect the name change.

EXECUTED by the undersigned, as all of the Directors and Stockholders of MED FIT REHABILITATION AND WELLNESS PROVIDERS, INC. OF LEE COUNTY, on this 24th day of October, 1997.



ARTIS LINKAITIS