

# P9 7000092338

Florida Department of State  
Division of Corporations  
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## BASIC AMENDMENT

ULTIMATE REHABILITATION AGENCY, INC.

Certificate of Status	0
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Amendment  
7-15-99  
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**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**

**July 14, 1999**

**ULTIMATE REHABILITATION AGENCY, INC.**  
**1901 SW 1ST STREET**  
**SUITE 200**  
**MIAMI, FL 33135**

**SUBJECT: ULTIMATE REHABILITATION AGENCY, INC.**  
**REF: P97000092338**

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 487-6906.

**Darlene Connell**  
**Corporate Specialist**

**FAX Aud. #: E99000016979**  
**Letter Number: 899A00036299**

**Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314**

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JUL-14-1999 17:22



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 14, 1999

ULTIMATE REHABILITATION AGENCY, INC.  
1901 SW 1ST STREET  
SUITE 200  
MIAMI, FL 33135

SUBJECT: ULTIMATE REHABILITATION AGENCY, INC.  
REF: P97000092338

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If the officers/directors are being changed, they must be listed under section FIRST of the amendment document.

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) 487-6906.

Darlene Connell  
Corporate Specialist

FAX Aud. #: H99000016979  
Letter Number: 799A00036204

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 12, 1999

ULTIMATE REHABILITATION AGENCY, INC.  
1901 SW 1ST STREET  
SUITE 200  
MIAMI, FL 33135SUBJECT: ULTIMATE REHABILITATION AGENCY, INC.  
REF: P97000092338

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

All changes being made should appear under section FIRST.

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) 487-6906.

Darlene Connell  
Corporate SpecialistFAX Aud. #: H99000016979  
Letter Number: 999A00035872

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

ULTIMATE REHABILITATION AGENCY, INC.

Pursuant to the provisions of Section 607.1006, Florida Statutes, this Corporation adopts the following Articles of Amendment to its Articles Of Incorporation.

**FIRST:** Amendment(s) adopted:

ARTICLE IV- Registered Agent and Street Address to:

EDUARDO CANTERA, Esq.  
1762 Coral Way  
Miami, Florida 33145

ARTICLE V - Incorporator(s)

ENRIQUE JOSE MARTINEZ- President/Director  
CARLOS JIMENEZ- Secretary / Director

**SECOND:** 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, are as follows:

None

**THIRD:** The date of each amendment's adoption is JUNE 30<sup>th</sup> 1999.

Document Prepared by: EDUARDO CANTERA, Esq.  
1762 Coral Way  
Miami, Florida 33145  
FBN # 154990  
Tel: (305) 442-4343

**FOURTH:** Adoption of Amendment(s):

The Amendment(s) was/were adopted by the shareholders.  
The number of votes cast for the amendment(s) was/were  
sufficient for approval.

Signed this 30<sup>th</sup> day of JULY 1999.

Signature

Jose M. Roig - President/ Director

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FILED  
99 JUL 15 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H99000016979  
**CERTIFICATE OF DESIGNATION  
 REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the Laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

**1. The name of the Corporation is:**

**ULTIMATE REHABILITATION AGENCY, INC.**

**2. The name and address of the registered agent and office is:**

**EDUARDO CANTERA, ESQ.**

**1762 CORAL WAY**

**(P.O. BOX NOT ACCEPTABLE)**

**MIAMI, FLORIDA 33145**

**HAVING BEEN NAMED AS REGISTERED AGENT AND ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

6/30/99

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