P97000105966

	ANDREW D SANDS 323 NE 125TH ST.	
NOF	TH MIAMI FL. 33161	700002558447 -06/12/9801062023
City/State	e/Zip Phone #	-06/12/9801062023 *****35.00 *****35.0
		Office Use Only
CORPORATION	NAME(S) & DOCUMENT	NUMBER(S), (if known):
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1	poration Name)	
2	poration Name)	(Document #)
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Walk in	Pick up time	Certified Copy
☐ Mail out	Will wait Photocop	
	OBJECT ASSESSMENTAL DESCRIPTION OF A STATE OF THE STATE O	Matura Co.
NEW FILINGS	AMENDMENTS	The state of the s
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/L	Director
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
Compared to the second second second		
OTHER FILINGS	REGISTRATION	
Annual Report	QUALIFICATION	- W8-13888
- Handar Report	l 1	• -
Fictitious Name	Foreign	Amend
	Limited Partnership	Amend,
Fictitious Name		-628-13888 Amend E, NC
Fictitious Name	Limited Partnership	Amend E, N/C VS JUL 6 1998

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 18, 1998

DR. ANDREW D. SANDS 823 NE 125TH ST. NORTH MIAMI, FL 33161

SUBJECT: N.M.B. SPINAL REHAB, AND DIAGNOSTIC CENTER INC.

Ref. Number: P97000105966

We have received your document for N.M.B. SPINAL REHAB. AND DIAGNOSTIC CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must have original signatures.

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) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 298A00033807

FILED 98 JUN 24 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

10, M.12	JANIA	KCHAD.	and	Diagnostic	(entall	_ Inc :	3,3,4100010	J
				resent nama)				

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article 1: The corporation is changing its NAME

To: South Flueion Spiral Rehabilitation and Diagnostic CenterInc. Change Corporate address Too: 823 NE 125th Street
N. Miami, F1 33161

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:

THIRD: The date of each amendment's adoption: 6-10-98	-								
FOURTH: Adoption of Amendment(s) (CHECK ONE)									
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 ve separately on the amendment(s):	The following statement must be separately provided for each voting group entitled to vote								
"The number of votes cast for the amendment(s) was/were sufficient for approval byvoting 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 an shareholder action was not required.	d								
Signed this 10 day of June 1998.									
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)									
OR .									
(By a director if adopted by the directors)									
- OR									
(By an incorporator if adopted by the incorporators)									
Dr. Andrew D. (AND) Typed or printed name	-								
Press DENT Title									