

P98000005994

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
02 FEB -7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corrective Health & Rehabilitative
Services Inc

100004833801--5
-01/29/02--01052--009
*****43.75 *****43.75

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
✓ Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
✓ Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

RECEIVED
02 JUN 29 AM 11:57

G. Coullie FEB 08 2002

Signature

Requested by

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 29, 2002

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL

SUBJECT: CORRECTIVE HEALTH & REHABILITATIVE SERVICES INC.
Ref. Number: P98000005994

We have received your document for CORRECTIVE HEALTH & REHABILITATIVE SERVICES INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to remove the article number XII and XIV since you cannot change the subscribers or the signer of the original articles. You will also need to show the registered agents street address in article number VI so that service of process can be served if needed.

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.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 002A00005163

*Corrected
I hope!!
Leilani*

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 FEB - 7 AM 11:43

RECEIVED

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
02 FEB - 7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORRECTIVE HEALTH & REHABILITATIVE SERVICES
(present name)

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 VI
REGISTERED AGENT : CHANGED TO ^{DR.} ROBERT R. GOLDSTEIN
7378 WEST ATLANTIC BLVD STE #204
MARGATE, FL 33063
- ARTICLE IX
DIRECTOR : CHANGED TO DR. ROBERT R. GOLDSTEIN
- ARTICLE XI
OFFICER : CHANGED TO DR. ROBERT R. GOLDSTEIN
President

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: JANUARY 1, 2002

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 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.

Signed this 1ST day of JANUARY, 20 02

Signature

Peter B. Tesjen
(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)

PETER B. TESJEN
Typed or printed name

PRESIDENT
Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: CORRECTIVE HEALTH & REHABILITATIVE SERVICES, INC.

2. The name and street address of the registered agent and office is: DR. ROBERT R. GOLDSTEIN
7378 W. ATLANTIC BLVD STE #204
MARGATE, FL 33063

HAVE BEEN NAMED AS REGISTERED AGENT AND TO 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 ACT IN THIS CAPACITY. I FURTHER 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.


