

P98000005994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

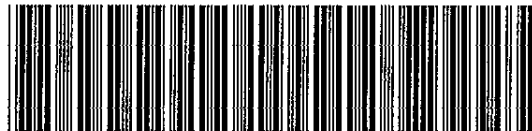
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300016361063

05/06/03--01038--009 **43.75

RECEIVED
03 MAY -6 AM 9:43
STATE
DIVISION
TALLAHASSEE, FLORIDA
FILED
2003 MAY -5 PM 11:42
TALLAHASSEE, FLORIDA

C. Oouflette MAY 06 2003

CAPITAL CONNECTION, INC.

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

Corrective Health & Rehab

Signature _____

Requested by: SW 5/6

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ 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 _____

Corrective Health & Rehabilitative Services, Inc.

May 1, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

ATTN: Amendment Section
RE: #P98000005994

To whom this may concern,

The purpose of this letter is to request the state to amend Corrective Health & Rehabilitative Services, Inc.'s

- **Principal mailing address**
- **Registered Agent**
- **Director**
- **Officer**

Please also send a certified copy of the amendment for our records. Enclosed are the necessary fees for this amendment. Thank you for your cooperation in regards to this matter. Please feel free to call me directly at 954-984-8522 if there are any questions in regards to this matter.

Sincerely,



Daniel S. Labow

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2003 MAY -5 PM 11:42

FILED

CORRECTIVE HEALTH & REHABILITATIVE SERVICES, INC.
(present name)

P98000005994
(Document Number of Corporation (If known))

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 V

PRINCIPAL PLACE OF BUSINESS: CHANGED TO 6536 W. ATLANTIC BLVD.
MARGATE, FL 33063

ARTICLE VI

REGISTERED AGENT: CHANGED TO DANIEL S. LABOW
6536 W. ATLANTIC BLVD.
MARGATE, FL 33063

X 

ARTICLE IX

DIRECTOR: CHANGED TO DANIEL S. LABOW
ADDRESS AS SHOWN ABOVE

ARTICLE XI Pres.
OFFICER:

CHANGED TO DANIEL S. LABOW

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: MAY 1, 2003

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 1 day of MAY, 2003

Signature


(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)

ROBERT B. GOLDSTEIN
(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:
Daniel S. Labow
6536 W. Atlantic Blvd.
Margate, FL 33063

Have been named as registered agent and to accept service of process for the above named 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.

A handwritten signature in black ink, appearing to read 'Daniel S. Labow', is written over a horizontal line.