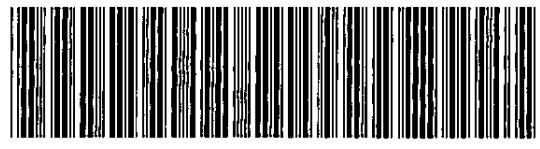


P98000052429



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08/27/09--01040--011 **43.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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TALLAHASSEE, FLORIDA

Amend

TB

OCT 21 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: West Care Rehabilitation Center, Inc

DOCUMENT NUMBER: P98000052429

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elias Murias

(Name of Contact Person)

West Care Rehabilitation Center, Inc

(Firm/ Company)

8001 West 26 Ave, Suite 11

(Address)

Hialeah, FL 33016

(City/ State and Zip Code)

Westcarerehab@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elias Murias

(Name of Contact Person)

at (305) 822-4449

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2009

ELIAS MURIAS
WEST CARE REHABILITATION CENTER, INC.
8001 W 26 AVE STE 11
HIALEAH, FL 33016

SUBJECT: WEST CARE REHABILITATION CENTER, INC.
Ref. Number: P98000052429

We have received your document for WEST CARE REHABILITATION CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 109A00029022

Articles of Amendment
to
Articles of Incorporation
of

WEST CARE REHABILITATION CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000052429

(Document Number of Corporation (if known))

FILED
2009 OCT 21 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8001 WEST 26 AVE

SUITE 11

HIALEAH, FL 33016

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

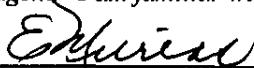
Name of New Registered Agent: ELIAS MURIAS

New Registered Office Address: 8001 WEST 26 AVE STE 11
(Florida street address)

HIALEAH, Florida 33016
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>N/A</u>	<u>JUSTA D RODRIGUEZ</u>	<u>2160 PALM AVE</u> <u>SUITE B</u> <u>HALIAH, FL 33010</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>N/A</u>	<u>ELIAS MUNIAS</u>	<u>8001 WEST 26 AVE</u> <u>SUITE 11</u> <u>HALIAH, FL 33014</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. 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:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 10/12/2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

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

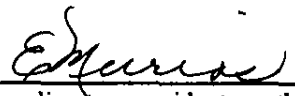
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

“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.

Dated 10/12/2009

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ELIAS MURIAS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)