

Florida Department of State

Division of Corporations Public Access System Katherine Hamis, Secretary of State

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Division of Corporations

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BASIC AMENDMENT

MIAMI-DADE PHYSICAL REHABILITATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

Misuig- Dade Physical Rehabilitation Inc.

(present name)

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

- The name of The Director/sole sheeholder is Elizabeth Valencia.

- The name of the registered agent and office is Elizabeth Valencia - 1840 W. 49 Street, Suite 310, Hisland, FC 33012.

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:

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TH	RD:	The date of each amendment's adoption: $\frac{g}{\sigma_1/\sigma_2}$
FO	јутн:	Adoption of Amendment(s) (check one)
	The ai	mendment(s) was/were approved by the shareholders. The number of vote r the amendment(s) was/were sufficient for approval.
		nendment(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 ar	nendment(s) was/were adopted by the board of directors without older action and shareholder action was not required.
	The at action	nendment(s) was/were adopted by the incorporators without shareholder and shareholder action was not required.
	Sign	ned this / day of August 15 2002.
		Signature (By the Chairman or Voe 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)
		Elizabeth Valencia
		Typed or printed name
		Straneholder
		Tide

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the
Sand of Friend I
1. The name of the corporation is: Miaui - Da de Physical Rehabilitation, Inc.
2. The mailing address of the corporation is: 1840 West 49 Street, fully 310, thinks, FL 33012
 Date of incorporation/qualification: 6/26/98 Document number: P9800005786, The name and address of the current registered agent and office:
Angel Concelo
1840 W. 49 STreet, Suito 310
Hideah, TCC 33012
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Elizabeth Valencia
1840 West 49 Street, Suite 310
Higher, FL 33012
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change two authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
y MANAM Japanese ploy/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
Elizabeth Valencia, President/Shambaldo (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
X Signature of Registered Agent) 8/01/02 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Capacity)