

P99000048366

Business Control Management  
Requester's Name

145 Madeira Ave., Ste 315  
Address

Coral Gables, FL 33134  
City/State/Zip Phone #

000004562230--5  
-08/29/01--01067--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2001 AUG 29 PM 5:01

Amendment

Examiner's Initials

LFJ

8-29-2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 22, 2001

BUSINESS CONTROL MANAGEMENT, INC.  
145 Madeira Avenue, Suite 315  
Coral Gables, FL 33134

SUBJECT: NEW STAR REHABILITATION CENTER, INC.  
Ref. Number: P99000048366

We have received your document for NEW STAR REHABILITATION CENTER, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Please check one of the boxes in number four. The name and the address of the registered agent must be stated within the amendment.

Please return the enclosed check for \$35.00 or a newly issued check with your corrected document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 501A00047950



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

“ The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_.”


\_\_\_ The amendment(s) was/were adopted by the board of directors without shareholders action and shareholder action was not required.

\_\_\_ The amendment(s) was/were adopted by the incorporators without shareholders action and shareholder was not required.

Signed this:

07 days of August, 2001

Signature:



(By the Chairman or the Board of Directors, President or the 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)

LUIS DIAZ

*Type or printed name*

President

*Title*

*Having been named as Registered Agent and to accept service of process for the State Corporation on the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity.*



08/07/2001

(Date)