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## Florida Department of State

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PROFESSIONAL THERAPEUTIC HEALTH CARE, INC.

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**EXAMI** 

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CH(18002317363)
Articles of Amendment

Articles of Incorporation

of

PROFESSIONAL THERAPEUTIC HEALTH CARE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State)	_
P9900060183	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following			
A. If amending name, enter the new name of the corporation	<u>)n:</u>			
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional association associated the word "chartered,"	Corp," "Inc," or "Co". A professional corporation			
B. Enter new principal office address, if applicable:	2311 10AVE N SUITE #13			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	LAKE WORTH, FL 33461			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2311 10AVE N SUITE #13			
	LAKE WORTH, FL 33461			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad				
Name of New Registered Agent:	SECTALLE			
New Registered Office Address: (Flor	AHASSEF OF Care Care Code Street address)  AHASSEF OF Code Street address Street			
(City)	· · · · · · · · · · · · · · · · · · ·			
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.				
7.	75 - 1 - 1 - 1 - 1 - 1			

Signature of New Registered Agent, if changing

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## (H110002317363)

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>	Name	Address	Type of Action
			☐ Add ☐ Remove
~~~~			Add Remove
(attach	ading or adding additional Articles, additional sheets, if necessary). (Be	especific)	
		·	
provis	nmendment provides for an exchang tions for implementing the amendm not applicable, indicate N/A)	e, reclassification, or cancella ent if not contained in the am	ition of issued shares, endment itself:
	not appreciote, misicule 1771)		
		<del></del>	

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09/21/2011 29:30 FAK 58147805E7

DALIA ACCOUNTING SVC 110002317363

**2**001/002 The date of each amendment(s) adoption: 09/22/2011 (date of adoption is required) 09/22/2011 Effective date if applicables (no more than 90 days after amondment 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 east for the amendment(s) was/were sufficient for approval (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. Signaturo <u>⊁</u> (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) ALEIDA DOMINGUEZ

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(Typed or primard name of person signing)

(Title of person signing)

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