

19902100778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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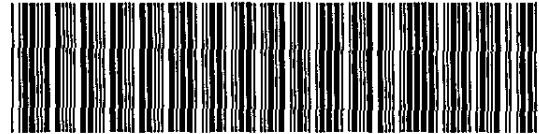
(Business Entity Name)

(Document Number)

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**To:** Amendment Section  
Division of Corporations

**SUBJECT: IDEAL REHABILITATION CENTER, INC.**

**DOCUMENT NUMBER: P99000100778**

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

Please return all correspondence concerning this matter to the following:

Alain Rossello  
Medical Coding Consultants  
3403 NW 82 Ave  
Suite 101  
Miami, FL 33122

For further information concerning this matter, please call:

Alain Rossello at 305-477-0150

Enclosed is a \$43.75 check made payable to the Department of State. Please provide a Certified Copy .

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

IDEAL REHABILITATION CENTER, INC.,

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

**ARTICLE II** is being amended to read as follows:

3403 NW 82 Ave  
Suite 210  
Miami, FL 33122

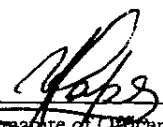
**ARTICLE IV (Registered Agent and Street address)** is being amended to read as follows:

Yunior Lopez  
3403 NW 82 Ave  
Suite 210  
Miami, FL 33122

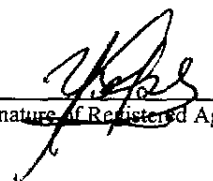
The date of each amendment's adoption: August 24, 2004

The amendments were adopted by the incorporators or board of directors without shareholder action and shareholder action was not required.

Signed this 24 day of August, 2004

  
\_\_\_\_\_  
Signature of Officer or Director  
  
Yunior Lopez  
\_\_\_\_\_  
Printed Name  
  
President  
\_\_\_\_\_  
Title

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in Article IV of these Articles of Incorporation, the undersigned hereby agrees 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

8/24/04  
\_\_\_\_\_  
Date