

999000100778

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(Address)

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(Business Entity Name)

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FILED

04 OCT -8 AM 10:26

SECRETARY OF STATE  
ATLANTA, GEORGIA

999000100778  
Amended  
10.8.04

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

**SUBJECT:** Ideal Rehabilitation center, Inc  
Document P99000100778

Enclosed are an original and one (1) copy of articles of amendment to articles of incorporation of Ideal Rehabilitation Center, Inc. and a check for \$35.00 filing fee.

From: Yunion Lopez  
1350 SW 57 Avenue #105  
Miami, Florida 33144  
Ph: 305-263-6566  
Fax: 305-263-6533

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ideal Rehabilitation Center, Inc.

DOCUMENT NUMBER: P 99000100778

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

Please return all correspondence concerning this matter to the following:

Yunior Lopez  
(Name of Person)

Ideal Rehabilitation Center, Inc  
(Name of Firm/ Company)

3403 NW 82 Avenue, Suite 200  
(Address)

Miami, FL 33122  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Martha Pagan at (786) 331-8326  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 21, 2004

YUNIOR LOPEZ  
1350 SW 57 AVENUE #105  
MIAMI, FL 33144

SUBJECT: IDEAL REHABILITATION CENTER, INC.  
Ref. Number: P99000100778

We have received your document for IDEAL REHABILITATION CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 704A00055663

RECEIVED  
04 OCT -7 AM 9:53  
DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

Ideal Rehabilitation Center, Inc  
(Name of corporation as currently filed with the Florida Dept. of State)

P 99000100778

(Document number of corporation (if known))

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

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article II Principal Office

Add: 3403 NW 82 Avenue, Suite 200

Miami, FL 33028

Delete: 1350 SW 57 Avenue, Suite 316

Miami, FL 33144

Article IV Initial Registered Agent and  
Street Address Along  
with Directors (see attached forms)

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)  
P99000100718

Article VI

Add: Yonior Lopez

13830 NE 1st Avenue  
Miami, FL 33161

Delete: Gloria Lluch  
17049 NW 22 Street  
Pembroke Pines, FL 33028

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ideal Rehabilitation Center, Inc.  
2. The principal office address: 3403 NW 82 Avenue, Suite 200  
Miami, FL 33122  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Nov 17, 1999 Document number: P99000100718

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gloria Uuch  
17049 NW 22 Street  
Pembroke Pines, FL 33028

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Yunior Lopez  
13830 NE 1st Avenue  
(P.O. Box NOT acceptable)  
Miami, FL 33161

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 was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]  
(Signature of an officer or director)

Yunior Lopez  
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X [Signature]  
(Signature of Registered Agent)

10/6/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

The date of each amendment(s) adoption: 10/6/04

Effective date if applicable: 10/6/04  
(no more than 90 days after amendment file date)

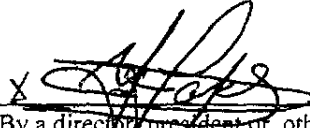
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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.

Signed this 6<sup>th</sup> day of October, 2004.

Signature X 

(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)

Junior Lopes

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35