# Commonwealth of Kentucky
# Michael G. Adams, Secretary of State

P102
**1406784.06**
**Michael G. Adams**
**Secretary of State**
Received and Filed
**11/5/2024 12:40:56 PM**
**Fee receipt: $40**

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

## Amended Certificate of Authority

**FCA**

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below, and for that purpose, submits the following statements:

1. The business entity is a **limited liability company (KRS 275).**

2. The name of the business entity is:

**QUALITY CARE REHAB, LLC**

3. The entity is organized and existing in the state or country of **Florida**

4. The entity received authority to transact business in Kentucky on **11/4/2024.**

5. This filing will be effective on **Tuesday, November 5, 2024**.

6. The entity has changed its

Form of organization to a **profit corporation**
Domicile name to **QUALITY CARE REHAB, INC.**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **AUTHORIZED REPRESENTATIVE: LINDA BURR**