

F09000000390

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RESUBMIT

Please give original submission date as file date.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE NATIONAL REHAB EQUIPMENT, INC.

Certificate of Status	0
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Page Count	BZX 03
Estimated Charge	\$35.00

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RA Change

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12-14-12

DC



December 13, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NATIONAL REHAB EQUIPMENT, INC.
540 LINDBERGH DR.
MOON TOWNSHIP, PA 15108US

SUBJECT: NATIONAL REHAB EQUIPMENT, INC.
REF: F0900000390

RESUBMIT

Please give original
submission date as file date.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H12000292013
Letter Number: 112A00029523

RECEIVED
12 DEC 14 AM 8:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: NATIONAL REHAB EQUIPMENT, INC.
2. The principal office address: 540 Lindbergh Dr. Moon Township PA 15108
3. The mailing address (if different):

4. Date of incorporation/qualification: 01/29/2009 Document number: F0900000390

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

C T Corporation Service Company
1200 South Pine Island Road
Plantation, FL 33324

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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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.

[Signature]
Signature of an officer or director

Karen M. Pineda, Assistant Secretary
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.

By: [Signature]
Signature of Registered Agent

12-12-2012
Date

If signing on behalf of an entity:

Deb Reeves, Assistant Vice President
Typed or Printed Name

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