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# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H13000238061 3)))



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)222-1092 Phone : (850)878-5368 Fax Number

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

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## REGISTERED AGENT CHANGE COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC

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October 29, 2013

#### FLORIDA DEPARTMENT OF STATE

COMPLETE REHAB AND MEDICAL CENTERS OF WEST FALM, INC. P.O. BOX 741235
BOYNTON BEACH, FL 33474US

SUBJECT: COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.

REF: P03000113969

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 entity name and document number listed on the application do not match. 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.

Tina D Carter Regulatory Specialist FAX Aud. #: H13000238061 Letter Number: 813A00025173

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\*RE-SUBMIT\*
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P.O BOX 6327 - Tallahassec, Florida 32314

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
Complete rehab and medic	CAL CENTERS OF WEST PALM, INC.
Ne Ne	ame of Corporation
P03000113969 DOCUMENT NUMBER:	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filling.
Please return all correspondence concerning the	his matter to the following:
Justine Billante	
Nan	ne of Contact Person
Whitesand Orthopedies	
	Firm/Company
1245 West Fairbanks Ave., Su	ite # 350
	Address
Winter Park, FL 32789	
City	/State and Zip Code
justine@wsorthopedics.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter	r. please call:
Justine Billante	407 960-5850/ 407-538-6358
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to th	ne Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corpora	tions Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 323	14 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florids.  To change its registered office or registered agent, or both, in the State of Florida.
1 The name of 1	he corporation: COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.
	office address: 4935 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33417
3. The mailing a	ddress (if different): PO BOX 741235, BOYNTON BEACH, FL 33474
4. Date of Incorp	poration/qualification: 10/25/2000 Document number: PO 300011396
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	FRANK, WEINBERG & BLACK, P.L.
	1800 NORTH MILITARY TRAIL, SUITE 170
	BOCA RATON, FL 33431
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
•	c/o C T Corporation System, 1200 South Pine Island Road
	Plantation, Florida 33324
The street address as changed will	ors of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so as board, or the corporation hat been notified in writing of the change.
Antin	EST BULLIE TUSTINE A. BULLANTE
Thereby accept I further agree ; performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and camplete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office adaress, I that the corporation has been notified in writing of this change.
By:	Postation System  UCDOLY 30  Date  D
	half of an entity  Special Assistant Secretary  Special Nume

\* \* \* PILING PEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)