

P05000104211

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

ALL-STATE REHAB CENTER INC.

Certificate of Status	0
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09/28/07

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RA Change
Dr



September 27, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALL-STATE REHAB CENTER INC.
4800 WEST FLAGLER SUITE 212
MIAMI, FL 33134

SUBJECT: ALL-STATE REHAB CENTER INC.
REF: P05000104211

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

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

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Darlene Connell
Document Specialist

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TALLAHASSEE, FLORIDA

((H070002409713))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL-STATE Rehab Center Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05 006104211

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan C. Avila
(Name of Contact Person)

(Firm/Company)

4800 W. Flagler street, Suite 212
(Address)

Miami, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Carlos Avila at 305, 442-2817
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H07 000 2409 713))

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: ALL-STATE Rehab Center Inc.
2. The principal office address: 4800 West Flagler St. Suite 212
Miami, FL 33134
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 7/26/05 Document number: P 05 000 104211

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

Juan C. Avila
4800 West Flagler St. Suite
Miami, FL 33144

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

Juan C. Avila
4800 West Flagler St., Suite 212
(P.O. Box NOT acceptable)
Miami, FL 33134

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 officer or director)

Juan C. Avila
(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.

[Signature]
(Signature of Registered Agent)

09/26/07
(Date)

If signing on behalf of an entity:

Juan C. Avila
(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
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