

# P980000 26317

Mario Fernandez  
Requestor's Name

735 E. 49 St. Suite 10  
Address

Hialeah FL 33013  
City/State/Zip Phone #

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

99 JAN 14 PM 2:15  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA  
**FILED**

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

300002749463--9  
 -01/14/99--01097--016  
 \*\*\*\*\*87.50 \*\*\*\*\*43.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*ROA change  
1-21-99  
DAS*

Examiner's Initials	
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Charter No. \_\_\_\_\_

Date Filed \_\_\_\_\_

### STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: INTER AMERICAN-REHABILITATION CENTER INC.

2. The name and address of its present registered agent is:

YAMIL J SEQUERA  
8460 S.W. 154 CIRCLE  
MIAMI, FL 33193

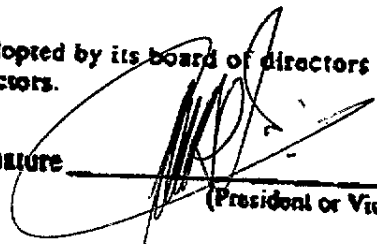
3. The ~~name and street address~~ to which its registered agent is to be changed is:  
(P.O. BOX NOT ACCEPTABLE)

MARIO FERNANDEZ  
755 EAST 49 STREET, STE 10  
HIALEAH, FLORIDA 33013

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

MARIO FERNANDEZ, PRESIDENT  
(Typed or printed name and title)

Signature   
(President or Vice President)

Date 10/31/98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name MARIO FERNANDEZ

Signature 

Date 10/31/98  
(Agent)

FILED  
99 JAN 14 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA