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B05000000413

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

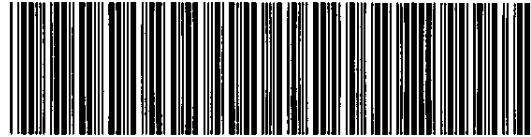
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2013 DEC 19 PM 5:11  
TALLAHASSEE, FLORIDA

B. BOSTICK  
DEC 23 2013  
EXAMINER



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: December 17, 2013

Order#: 914236-336

Re: RESTORE PHYSICAL THERAPY, LIMITED PARTNERSHIP

Enclosed please find:

- XX Change of Registered Agent and Office.
- XX Check in the amount of \$35.

Please take the following action:

- XX File in your office on a routine basis.
- XX Issue Proof of Filing.
- XX Please return evidence to the following:

Attn: Ami Casper  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

- XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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FALLAHASSET, FL ORIGIN

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RESTORE PHYSICAL THERAPY, LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/16/2005 3. B05000000413  
Date of filing/registration in Florida Florida document number

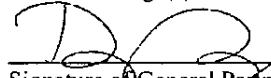
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.  
Name  
1200 S. Pine Island Road  
Address  
Plantation FL 33324  
City, State and Zip

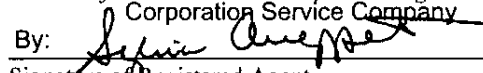
5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner Dona Priebe, Vice President on behalf of Rehab Partners #2, Inc., its General Partner

*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 obligations of my position as registered agent.*

By:   
Signature of Registered Agent Sylvia Queppet, Assistant Vice President

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

2011 DEC 19 PM 5:11  
TALLAHASSEE, FL  
CORPORATION SERVICE COMPANY