B110000000059

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : CORPDIRECT AGENTS, INC.
        Account Number  : 110450000714
        Phone           : (850)222-1173
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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.

Email Address: _____

REGISTERED AGENT CHANGE
ADVANCE REHABILITATION & CONSULTING, LIMITED PARTNER

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

A. LUNT

MAY 23 2011

EXAMINER

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. **Advance Rehabilitation & Consulting, Limited Partnership**

   Name of Limited Partnership or Limited Liability Limited Partnership

2. **02/11/2011**   3. **B11000000059**

   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

   2731 Executive Park Drive, Suite 4

   Address

   Weston, FL 33331

   City, State and Zip

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

   NRAI Services, Inc.

   Name

   515 East Park Avenue

   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

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 an accept the obligations of my position as registered agent.

   NRAI Services, Inc.

   by:

   Signature of Registered Agent

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