## B94000000464

CORPORATE \ ACCESS, /

236 East 6th Avenue . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

CERTIFIED COPY	cus
	VILING RA Chonge
1.) Louth Dale Rehab (CORPORATE NAME & DOCUMENT #)	Associates, Limited Backness
2.)(CORPORATE NAME & DOCUMENT #)	6000047070069 -12/06/0101001008
3.)(CORPORATE NAME & DOCUMENT #)	-1270570101001005 *****35.00 *****35.00
4.)(CORPORATE NAME & DOCUMENT #)	SECR TALLA
(CORPORATE NAME & DOCUMENT #)	DEC -6 A
SPECIAL INSTRUCTIONS	N II: 39
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS LIMITED PARTNERSHIPS

620.1051

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, limited partnership the undersigned corporation organized under the laws of the State of DELAWARE
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida partnership
1. The name of the co <del>rporation</del> : SOUTH DADE REHAB ASSOCIATES, LIMITED PARTNERSHIP
d/b/a MEADOWBROOK REHABILITATION HOSPITAL OF WEST GABLES
2. The mailing address of the corporation: 2525 SW 75TH AVENUE, MIAMI, FL 33155
Parent Company: Meadowbrook Healthcare, Inc. 1200 Corporate Dr., Suite 340, Birmingham, AL 35242
Nov. 16, 1994  3. Date of incorporation/qualification: November 14, 1994  Document number: 7901579
4. The name and address of the current registered agent and office:
CT Corporation Systems
1200 South Pine Island Rd.
Plantation, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301
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.
21/04/2001
(Signature of an officer, chairman or vice chairman of the board) 4. (Date) Signature of General Partner.
Eugene E. Smith, President & CEO
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
NRAI Services, Inc.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Ed Hand ~ Avst Vec
(Typed or Printed Name) (Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*