

FO200004805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STOLL · KEENON · OGDEN
P L L C

2000 PNC PLAZA
500 WEST JEFFERSON STREET
LOUISVILLE, KY 40202-2828
MAIN: (502) 333-6000
FAX: (502) 333-6099
www.skofirm.com

TENNIA Y. HILL
DIRECT DIAL: (502) 560-4207
DIRECT FAX: (502) 627-8707
tennia.hill@skofirm.com

November 17, 2008

EXPRESS MAIL

Florida Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Paragon Rehabilitation of Tennessee, Inc.
Document No.: F02000004805

Dear Sir or Madam:

Enclosed are an original and two photocopies of the Statement of Change of Registered Office for the above referenced entity. Also enclosed is a check in the amount of \$35.00, representing the filing fee. Please return the file stamped copies to me in the enclosed self addressed envelope.

If you have any questions, please feel free to contact me.

Sincerely,

Tennia Y. Hill
Paralegal

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paragon Rehabilitation of Tennessee, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F02000004805

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:

Tennia Y. Hill, Paralegal
(Name of Contact Person)

Stoll Keenon Ogden PLLC
(Firm/Company)

2000 PNC Plaza, 500 West Jefferson Street
(Address)

Louisville, Kentucky 40202
(City/State and Zip Code)

For further information concerning this matter, please call:

Tennia Hill, Paralegal at (502) 560-4207
(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

**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 Tennessee in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Paragon Rehabilitation of Tennessee, Inc.
2. The principal office address: 1650 Lyndon Farm Court, Suite 201
Louisville, KY 40223
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/20/02 Document number: F02000004805
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

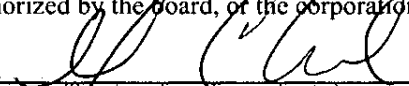
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

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 of an officer or director)

Steven A. Van Camp, CFO
(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 of Registered Agent)

11/14/08
(Date)

If signing on behalf of an entity:

CAROL RECORD (ASST. SECY) for CT Corporation System
(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
CR2E045 (8/05)