## F050000001369

(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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12/23/13--01053--014 \*\*35.00

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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 20, 2013

Order#: 914236-226

Re: NATIONAL REHAB GP, INC.

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.

OUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.  mge is submitted for a corporation of	organized under the la	ws of the State of Tex	ras
	r to change its registered office or r		in, in the state of Ftori	iaa.
<ol> <li>The name of t</li> <li>The principal</li> </ol>	he corporation: NATIONAL REHAB office address: 1300 W. Sam Hous	ton Parkway, Suite 3	00, Houston, TX 7704	12
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/04/2005	Document	number: F050000013	369
	street address of the current registe timent of State: (If resigned, enter re		ed office on file with t	.2
	NRAI Services, Inc.			13 KM
	1200 S. Pine Island Road			13 DEC 23
	Plantation	FL	33324	B 7H
6. The name and (if changed):	street address of the new registered	l agent (if changed) an	d /or registered office	<u> </u>
	Corporation Service Company			
1201 Hays Street				
	Tallahassee	NOT acceptable	32301	
The street addre	ess of its registered office and the state be identical.	treet address of the bu	isiness office of its reg	gistered agent,
Such change wa authorized by th	s authorized by resolution duly add the board, or the corporation has bee	opted by its board of on notified in writing of	directors or by an office of the change.	cer so
		Dona Priebe, V		
Signatu	of an officer or director		ed or typed name and title	
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a sidocument is being filed merely to that the corporation has been notiful Service Company	statutes relative to the statutes relative to the statutes relative to the statute in the statut	ne proper and complet tion of my position as he registered office ac	registered
By: Signin	anepoet	12/11/2013		
•	nature of Registered Agent half of an entity:		Date	
	, Assistant Vice President			
	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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