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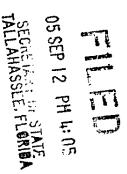
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COVER LETTER

	iment Section on of Corporations			
suriect, R	ehab Medical Clinic of Orange Par	k, Inc.		
	(Nam	e of corporation)		
DOCUMENT	NUMBER: F05000004291			
The enclosed S	tatement of Change of Registered	Office/Agent and fee are submitted for filing.		
Please return a	If correspondence concerning this	matter to the following:		
	Jandy Darias			
	(Name	of contact person)		
	Rehab Medical Clinic of Orange P	rm/Company)		
	3403 NW 82 Avenue, Suite 200	(Address)		
	Miami, FL 33122 (City/s	tate and zip code)		
For further inf	ormation concerning this matter, pl	ease call:		
Marge Grishke		at (954) 655-4513		
	(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 409 E. Gaines Street Tallahassee, FL 32399		

CR2E045(6/04)

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

statement of cha	nge is submitted for a corporat	t, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Delawase or registered agent, or both, in the State of Florida.
I. The name of t	he corporation: Rehab Medica	Clinic or Orange Park, inc.
2. The principal	office address: 3403 NW 82 A	venue, Suite 200 East, Miami, FL 33122
3. The mailing a	uddress (if different): Same	
4. Date of incorp		98 Document number: F05000004291
	d street address of the current re runent of State:	gistered agent and registered office on file with the
	Luis M. Duluc	ASE SE
	16250 La Costa Drive	P 7 2
	Weston, FL 33326	100
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and for registered office
	3403 NW 82 Avenue, Suite :	200 East
		Of acceptable)
	Miami, FL 33122	
The street addr	ess of its registered office and f be identical.	the street address of the business office of its registered agent,
_		aly adopted by its board of directors or by an officer so as been notified in writing of the change.
	lights.	Jandy Darks
I hamaka aman	time of information of the control o	d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this tange in the registered office address, I hereby confirm that the his change.
	Jan	08-10-05
·	demander of Descriptored Agent)	(Desc)
It signing on b	chalf of an entity:	

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