F07000004497

(R	equestor's Name)			
(A)	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
• (B	usiness Entity Nar	me)		
, (D	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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CA Rolly





FILING REQUEST

August 24, 2010

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

PHYSIOTHERAPY CORPORATION

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 35092 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F	Delaware	
1. The name of the corporation:				
		140244		
	dale Drive, Suite 200, Exton, PA	19341		
4. Date of incorp	poration/qualification: 9/6/2007	Document number: F07000	0004497	
	d street address of the current registrement of State:	tered agent and registered office on file wit	th the	
	CT Corporation System		_	
	1200 S. Pine Island Avenu	ie	_	
	Plantation, FL 33324		-	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered offi	ice	
	NRAI Services, Inc.		SECO	
	2731 Executive Park D	Prive, Suite 4	30	
	Weston, FL 33331	oxeptable)	SEEF	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	s registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so	
orgnati	ure of an officer or director)	Janna P. King, Vice President/S (Printed or typed name and t		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	ent and agree to act in this capacity. all statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange.	aplete performance I agent. Or, if this By confirm that the	
Molly	gnature of Registered Agent)	8/24/10 (Date)		
If signing on be	half of an entity:			
	bs, Assistant Secretary Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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