## F95000001738

7	
Requester's Name	
	<del></del> .
— From: SONDRA MCCRORY (850)432-8650 DELTA HEALTH GROUP, INC 2 N. PALAFOX STREET	
PENSACOLA, FL, 32501	
	Office Use Only
CORPORATION NAME(S) & DOO	CUMENT NUMBER(S), (if known):
1. (Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3.	,
(Corporation Name)	(Document#)
4.	
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS  Profit	AMENDMENTS 400062229642 -07/05/0201051005 *****35.08 *****35.08
<ul> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	Resignation of R.A., Officer/Director 2 Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/OUALIFICATION
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION TO THE PROPERTY OF
	KMIKO VI KOM SCI
CR2E031(7/97)	Examiner's Initials (1) / /////

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

the undersign	ned corporation organi	zed under the laws of t	02, 607.1508, or 617.1508, he State of Delaware		
submits the f the State of F	following statement in o Florida	order to change its reg	istered office or registered o	agent, or both, in	1
_	of the corporation: Co	ordova Rehab, Inc.	_		
2. The mailin	g address of the corpora	ation: 2 North Palafox	Street, Pensacola, Florida, 32	501	# 11 g
3. Date of inc	corporation/qualificatio	n· 4/11/95	Document number: F95	5000004728	<u> </u>
	and address of the curre			7000001738	
•			office:		
	C.T. Corporation Sys			Fig. 18.	<u> </u>
	1200 South Pine Isla	· · · · · · · · · · · · · · · · · · ·			
e mi.	Plantation, Florida 3				-
5. The name a	md address of the new r	egistered agent (if char (P. O. Box Not Accept	nged) and/or registered offic otable)	e (if changed):	
	Sondra McCrory	<u> </u>		Tem 1	ud A. A.
	2 North Palafox Stree	et			* ************************************
	Pensacola, Florida	32501			 
The street add agent, as chan	ress of its registered of ged, will be identical.		ress of the business office o	f its registered	ydag zo di≘—uu
Such change vauthorized by	was authorized by resol the board.	ution duly adopted by	its board of directors or by	an officer so	
(Signature	e of an officer chairman or vio	ca chairman af the heart	6/11/02		
		e chairman of the board)	(Date)		•
Scott J. Bell,	(Printed or typed name	and title)	<del></del>		
Having been n corporation, I I further agree performance o registered age	amed as registered age hereby accept the appo to comply with the pro f my duties, and I am f	ent and to accept servi	ce of process for the above agent and agree to act in the relative to the proper and co to the obligation of my posit	stated iis capacity. omplete ion as	
_ Song	NOTICE OF Registered Agent	<u> </u>	6/11/02 (Date)	<del></del>	_sau======
If signing on beha		U	Corporate Admir	JAK Si	
	Typed or Printed Name)		(Capacity)		to the to
CR2E045(9/00)	* * *	* FILING FEE: \$35. P.O. Box 6327	00 * * *  Tallahassee, FL 32314		
				: 51 ATE ORIDA	