

G80699

FILED
SEP 23 PM 4: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Dade Physical Therapy Rehab, Inc.

*Reg
office
change*

700007944807--5
09/23/02--01911--009
*****35.00 *****35.00

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____ CB
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/20/02

Order#: 5604375

Ref#: _____

Amount: \$ _____

RECEIVED
02 SEP 23 AM 11: 01
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
02 SEP 23 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: Dade Physical Therapy Rehab, Inc.

2. The street address of the current registered office:

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301

3. The street address of the new registered office:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date: September 20, 2002

Connie Bryan
(Signature of Registered Agent)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(Printed or Typed Name)