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# H00813

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone : (850) 222-1173

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## REGISTERED AGENT CHANGE

SOUTHEASTERN HAND REHABILITATION, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Southeastern Hand Rehabilitation, Inc.
2. The principal office address: 1800 West Sam Houston Parkway, Suite 800, Houston, TX 77042
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/26/1984 Document number: H00819
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

OT Corporation System

1200 South Pine Islands Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

NRAI Services, Inc.

by: \_\_\_\_\_

(Signature of Registered Agent)

Janna King, VPs

(Printed or typed name and title)

January 27, 2005

(Date)

If signing on behalf of an entity:

Michael Mirrione

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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

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

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