Division of Corporations



L02000104006

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# REGISTERED AGENT CHANGE

## ATLAS REHAB, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $25.00 |

TB

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 29, 2002

ATLAS REHAB, LLC
34866 U.S. HIGHWAY 19 N.
PALM HARBOR, FL 34684

SUBJECT: ATLAS REHAB, LLC
REF: L02000010406

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is to change the registered agent of a corporation. Please complete the form to change the registered agent of a limited liability company and re-fax the complete document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

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AND
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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Atlas Rehab, LLC

2. The mailing address of the limited liability company is: 34866 U.S. Highway 19 N., Palm Harbor, FL 34684

May 1, 2002 — 3. Date of filing/registration in Florida

L02000010406 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jack J.Geller
Name

2560 Gulf to Bay Blvd., Suite 300
Address

Clearwater, FL. 33765
City, State and Zip

6. The name and address of the new registered agent and/or office:

Kate Nucci
Name

34848 U.S. Highway 19 N.
Florida street address (P.O. Box NOT acceptable)

Palm Harbor FL 34684
City, State and Zip

02 MAY 30 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Kate Nucci, Member
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

[W03518(10/99)]

**FILING FEE: $25.00**