L02000031066

Golden Coast Rehab 1608 So. Federal Hwy. Boynton Beach, FL 33435.					
(Address)					
(Address)					
(salitoco,					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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05/19/03--01072--021 **220.00

LAJ/22

DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

Amendment Section Division of Corporation	ons	
SUBJECT: GOLDEN CO.	AST LLC	
	(Name of Limited Liability Company)	
DOCUMENT NUMBER:_	.02000031066	
	Registered Agent for a Limited Liability Compan	y and fee are submitted
Please return all corresponder	ce concerning this matter to the following:	
MIKHAIL GOLDENSHTEI		
(Name	of Person)	
EAST WEST ENTERPRIS	E	· · · · · · · · · · · · · · · · · · ·
(Name of Fi	rm/Company)	S \$ 4
20545 BELSHAW AVE		
(Ad	lress)	
CARSON, CALIFORNIA		NISION OF CORPORATIONS 03 MAY 19 AM 10: 43
(City/State a	nd Zip Code)	京至
For further information conce	ming this matter, please call:	43 SHOHS
MIKHAIL GOLDENSHTEII	all)	
(Name of Perso	n) (Area Code & Daytime Teleph	one Number)
Enclosed is a check made pay liability company or \$25.00 for liability company.	able to the Florida Department of State for \$85.0 r an administratively dissolved, voluntarily disso	0 for an active limited slved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

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	d liability company is: _	GOLDEN (COAST REHAB	·-
			608 SO. FEDERAL HWY.	
BOYNTON BEACH, FL				
NOVEMBER 18, 2002	·		L02000031066	
3. Date of filing/registration in Florida		4	. Document number	
5. The name of the register Florida Department of S	red agent and the registe state: MIKHAIL GOLDENS		ddress as shown on the record	s of the
	1608 SO. FEDERAL	Name HWY.		7
	BOYNTON BEACH,	Address FLORIDA Itate and Zip		e e e e e e e e e e e e e e e e e e e
6. The name and address o	• •	•		Q
	ALEX PRASIEVI			3 HA
-	1608 SO. FEDERAL	ame HWY.		D3 MAY 19
-	Florida street address (OT acceptable)	REPORTATION OF THE PROPERTY OF
	BOYNTON BEACH,	_{FL} 33435		2 編
-	City, Sta	ite and Zip		· 60 = 75
confirmed that after the chand the business office of the liability company, it is here	ange or changes are mad the registered agent will by confirmed that the cl liability company or as	de, the Florid be identical. change(s) was otherwise p	of the State of Florida, it is had a street address of the registe. Or, in the case of a Florida las/were authorized by an affirm rovided in the articles of organ	red office limited native vote of
(Signature of a member or authorized)	ed representative of a member)		- 	45
MIKHAIL GOLDENSHT				
(Printed or typed name of signee)	*	in the state of	tion of the second second	· · · · · · · · · · · · · · · · · · ·
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	atment as registered ages of all statutes relative to accept the obligations of is document is being file that the similed liability of	ent and agree to the proper of my positio ed to merely company ha	e to act in this capacity. I furt and complete performance of an as registered agent as prov reflect a change in the regist s been notified in writing of th	her agree to f my duties, ided for in ered office iis change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)