

LD8000089413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

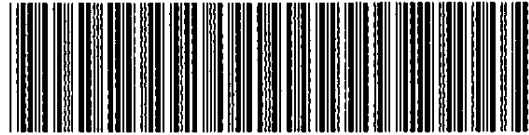
LD8-89413

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 NOV - 8 PM 3: 25

N. Culligan NOV - 8 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JASPER PHYSICAL THERAPY AND REHAB.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. BETH WILLIAMS  
Name of Person

JASPER PHYSICAL THERAPY  
Firm/Company

1037 STATE ROAD #7 STE. 302  
Address

WELLINGTON, FL 33414  
City/State and Zip Code

drbethwilliams@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTINE at (561) 965-8665  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2010

DR. BETH WILLIAMS  
1037 STATE ROAD #7  
SUITE 302  
WELLINGTON, FL 33414

SUBJECT: JASPER PHYSICAL THERAPY AND REHAB CENTER, LLC  
Ref. Number: L08000089413

We have received your document for JASPER PHYSICAL THERAPY AND REHAB CENTER, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 210A00019726

**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. Name of the limited liability company: Jasper Physical Therapy + Rehab Center, LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

9/19/08

3. Date of filing/registration in Florida

4. Document number

L08000089413

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

DR. BETH WILLIAMS

Registered Office Address:

JASPER PHYSICAL THERAPY  
1037 STATE RD. #7 STE. 302  
WELLINGTON, FL 33414

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

N/A

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

2324 S. CONGRESS AVE

SUITE 1 J

WEST PALM BEACH, FL 33406

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]  
(Signature of a member or authorized representative of a 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]  
Signature of Registered Agent

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

FILING FEE: \$25.00