

L15000170532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

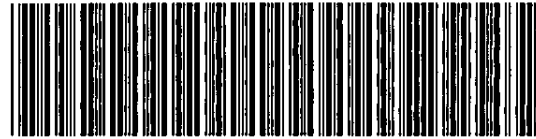
(Document Number)

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2017 FEB 27 P 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

FEB 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2016

SANDRA SANDHU
P.O. BOX 2151
ORLANDO, FL 32801

SUBJECT: PHYSICIANS OF REHAB SERVICES, LLC
Ref. Number: L15000170532

We have received your document for PHYSICIANS OF REHAB SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00027697

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physicians of Rehab Services LLC
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:

Sandra Sandhu, DO
Name of Person

Physicians of Rehab Services LLC
Firm/Company

420 East Church Street Unit 718
Address

Orlando, FL 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

Sandra Sandhu, DO at (608) 216-4474
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

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Physicians of Rehab Services LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

420 East Church Street Unit 718 P.O. Box # 2151
Orlando, FL 32801 Orlando, FL 32802

3. 12/22/16 4. L15000170532
Date of filing/registration in Florida Document number

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

Sandra Sandhu, DO
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
420 East Church Street Unit 713
Orlando, FL 32801

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

NEW Registered Office Address:
420 East Church Street Unit 718
Orlando, FL 32801

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] Sandra Sandhu, DO
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 605, 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

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JAN 27 P 4 31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE