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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JUN 15 AM 10:57

FILED

June 12, 1998

VIA FEDERAL EXPRESS

Florida Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Attn: Filing Section

Re: MANAGED CARE THERAPIES, LLC. 15  
Document No.: L97000000677

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-06/15/98--01100--001  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

Dear Sir/Madam:

CM

On behalf of the above-captioned limited liability company, enclosed please find for filing a completed and signed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Enclosed is a check covering the various fees incident to the filing of the Statement. Please send confirmation of the change of registered office and agent for MANAGED CARE THERAPIES, LLC. to my attention at the above address.

Thank you for your cooperation.

Sincerely,

  
Edwin B. Kagan

EBK/bak  
Enclosures  
cc: Benjamin Atkins

**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: MANAGED CARE THERAPIES, LLC.

2. The mailing address of the limited liability company is: 8313 W. Hillsborough Avenue,  
Suite 210, Tampa, Florida 33615

June 20, 1997

L97000000677

3. Date of filing/registration in Florida

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:

Galen Goetz

Name

689 Deltona Boulevard

Address

Deltona, Florida 32725

City, State and Zip

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

Edwin B. Kagan

Name


2709 Rocky Point Drive, Suite 102

Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33607

City, State and Zip

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 a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.

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

Benjamin Atkins, President of Key Rehab, Inc.

(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. 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)

06/12/98

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

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