M13000007197

(Requ	estor's Name)				
(Addre	ess)	<u></u>			
(Addre	ess)				
(City/State/Zip/Phone #)					
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: April 5, 2017

Order#: 584919-004

Re: ONCOLOGY REHAB PARTNERS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company: ONCOLOGY F	REHAB PA	ARTNERS, LLC	
2	(a)	293 Boston Post Road West	(b)	h) 293 Boston Post Road West	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
		Suite 100		Suite 100	
		Mariboro, MA 01752		Marlboro, MA 01752	_
		11/13/2013		M13000007197	_
3.		Date of filing/registration in Florida	4.	Document number	
5	(a)	NRAI Services, Inc			
٠.	(4)	Registered Agent and Registered Office shown on the records of	the Florida	la Dept. of State:	
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u></u>	
		Plantation , FI	33324	4	
	(b)	Corporation Service Company			^~
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ddress:	2
				્રાં નું	
		1201 Hays Street	······································		زز
		NEW Registered Office Address:		PA S	ş,[
				 ,	À
					7
		Tallahassee , FI	_ 32301	<u>f</u>	
the ag	e cha ent v as/we	mited liability company is not organized under the la nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libre authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the regist ability con of the limi limited li	istered office and the business office of the registere company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.	d
	Signal	ture of a member or authorized representative of a member	VIEIIS	lissa Wu, Asst. Secretary/Authorized Person Printed or typed name of signee	_
I i pri the to	herei ovisi e obl mere	by accept the appointment as registered agent and agent ons of all statules relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act performa d for in C hereby co	,,	e e e
Si	gnatu	re of Registered Agent Corporation Service Company	BY: Gr	Grace E. Kirby, Asst. Vice President	

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