

M97000000466



Administrative Office
1801 Pine Street, Suite 202
Montgomery, AL 36106

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **300002496443-- 6**
-04/22/98--01048--010
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

M97-466

Name Availability	OK
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgement	OK
W. P. Verifier	OK

Florida Department of State, Sandra B. Mortham, Secretary of State

**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 organized under the laws of the State of Alabama, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(PLEASE PRINT)

1a. The name of the limited liability company is: Rehab Associates, L.L.C.

1b. The mailing address of the limited liability company is : _____

207 Interstate Park Drive, Montgomery, Alabama 36109

1c. Date of filing/registration in Florida: _____ Document number: _____

2. The name and address of the current registered agent and office:

James A. Cox, Jr.

401 Reid Avenue

Port St. Joe, Florida 32456

3. The name and address of the new registered agent and office: (P.O. ~~BOX~~ NOT ACCEPTABLE)

Al Kaempfer

2565 Capital Medical Boulevard

Tallahassee, Florida 32308

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

X James A. Cox, Jr.
(Signature of a member or authorized representative of a member)

4-10-98
(Date)

James A. Cox, Jr., Member and Manager

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.

X Al Kaempfer
(Signature of Registered Agent)

4/20/98
(Date)

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

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