

09000002794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

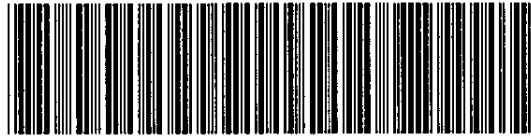
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 17 2012
T. LEMIEUX
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: University Plaza Rehabilitation and Nursing Center, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000002794

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William B. Eck
Name of Contact Person

Greenberg Traurig, LLP
Firm/Company

2101 L. Street N.W., Suite 1000
Address

Washington DC 20037
City/State and Zip Code

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

For further information concerning this matter, please call:

William B. Eck at (202) 331-3122
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: University Plaza Rehabilitation and Nursing Center, Inc.
2. The principal office address: 1800 N.E. 168th Street, Suite 200, North Miami Beach Florida, 33162
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 16, 2009 Document number: N09000002794
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and /or registered (if changed):

William Zubkoff

1800 N.E. 168th Street, Suite 200

P.O. Box NOT acceptable

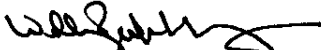
North Miami Beach Florida, 33162

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

William Zubkoff, President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

Date

If signing on behalf of an entity:

N/A

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314