

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 07666602273
Phone : (904)398-3911
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE

BROOKS REHABILITATION CLINICAL RESEARCH CENTER, INC

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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: Brooks Rehabilitation Clinical Research Center, Inc.
2. The principal office address: 3599 University Blvd. South, Jacksonville, FL 32216
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/22/2011 Document number: N11000002914
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)

Robert H. Pritchard1301 Riverplace Boulevard, Suite 1500Jacksonville, FL 32207

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

Beverly A. Pascoe1301 Riverplace Boulevard, Suite 1500P.O. Box NOT acceptableJacksonville, FL 32207

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.

Douglas M. Baer
Signature of an officer or director

Douglas M. Baer, 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.

Beverly Pascoe
Signature of Registered Agent

2/6/18
Date

If signing on behalf of an entity:

Beverly Pascoe
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
CR2E045 (03/12)

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