

N 9300000028/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

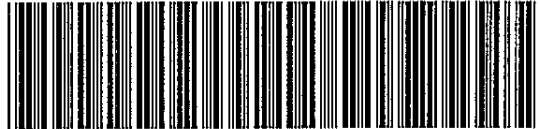
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

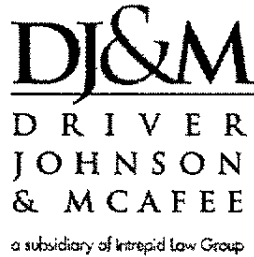


900023106309

09/17/03--01052--001 **35.00

FILED
03 SEP 17 PM 3:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

ls 9/22/03
PA/KD



225 Water Street, Suite 2020
Jacksonville, Florida 32202

P 904.301.1269
F 904.301.1279
www.intrepidlaw.com

September 16, 2003

VIA UPS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Ladies and Gentlemen,

The enclosed Statement of Registered Office or Registered Agent or Both for Community Rehabilitation Center, Inc. is being submitted for filing. Check number 5225 in the amount of \$35.00 made payable to The Florida Department of State is enclosed to cover the filing fee.

Please return all correspondence concerning this matter to Driver & McAfee, P.L., Attention: Tammy D. Butler, 225 Water Street, Suite 2020, Jacksonville, Florida 32202. If you have any questions, please give me a call.

Very truly yours,

Tammy D. Butler
Tammy D. Butler

Enclosures

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, the undersigned corporation organized under the laws of the State of Florida 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 corporation : Community Rehabilitation Center, Inc.
- 2. The mailing address of the corporation : 623 Beechwood Street
Jacksonville, Florida 32206
- 3. Date of incorporation/qualification: 6/17/93 Document number: N93000002814
- 4. The name and address of the current registered agent and registered office:

Intrastate Registered Agent Corporation
701 Brickell Avenue, Suite 3000
Miami Florida 33121

- 5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)

Trepid Registered Agent Services, LLC
225 Water Street, Suite 2020
Jacksonville, Florida 32202

FILED
 03 SEP 17 PM 3:58
 TALLAHASSEE FLORIDA
 SECRETARY OF STATE

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.

Don Leon Seymour 9/9/03
 (Signature of an officer, chairman or vice chairman of the board) (Date)
Dr. Leon B. Seymour
 (Printed or typed name and title)

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

[Signature] 9-12-03
 (Signature of Registered Agent) (Date)

If signing on behalf of an entity:

G. Ray Driver Jr. President
 (Typed or Printed Name) (Capacity)

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