N97000006193

CT CORPORATION

CORPORATION(S) NAME

FILED
2002 APR 25 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7) NPF Rehabilitation, Inc.-Louisiana

RECEIVED
02 APR 25 AM 11:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04/25/02--01903--031
****35.00 ****35.00

() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up

Name 4/25/02 Order#: 5266581

Availability ________

Document kf

Examiner ________ Ref#: ________

Updater ________

Verifier ________

W.P. Verifier ______ Amount: $________

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

C. Coulliette APR 25 2002

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.*

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1. The name of the corporation : NPF REHABILITATION, INC. - LOUISIANA

2. The mailing address of the corporation : 1501 N.W. 9th Avenue
Miami, Florida 33136-1494

3. Date of incorporation/qualification: 11/3/1997 Document number: N97000006193

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

American Information Services, Inc.
One S.E. 3rd Avenue., 28th fl.
Miami, Florida 33131

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324

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.

_______________________ 4/12/02
(Signature of an officer, chairman or vice chairman of the board) (Date)

HERBERT ZEMEL, PRESIDENT
(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.

C T Corporation System
By: _______________________ 4/24/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

_______________________ James A. Bordonaro Assistant Secretary
(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

FL006 - 09/17/01 C T System Online