

# N99000004133

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TALLAHASSEE, FLORIDA

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

9000002992369--6

-09/21/99--01050--001

\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

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

1. ADVANCED MENTAL ADDICTION REHABILITATION  
(Corporation Name) (Document #)

2. CENTER INC.  
(Corporation Name) (Document #) PA

3. \_\_\_\_\_  
(Corporation Name) (Document #) Change

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

☐ Certified Copy

RECEIVED  
09 SEP 21 AM 11:17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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 checked="" 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

Examiner's Initials

1008  
9/21/99

**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 Fla 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 is: ADVANCED MENTAL ADDICTION REHABILITATION CENTER, INC
2. The mailing address of the corporation is: 100 BEACON BLVD  
MIAMI, FL 33135
3. Date of incorporation/qualification: 7-8-1999 Document number: N99000004133
4. The name and address of the current registered agent and office:

LEONOR GONZALEZ  
100 BEACON BLVD  
MIAMI FL 33135

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

RUBEN CORTEGUERA  
100 BEACON BLVD  
MIAMI, FL 33135

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.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

9-20-99  
(Date)

LEONOR GONZALEZ 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.

[Signature]  
(Signature of Registered Agent)

9/20/99  
(Date)

If signing on behalf of an entity:

Ruben Corteguera  
(Typed or Printed Name)

VICE-PRESIDENT  
(Capacity)

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