P00000011975

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TRANSMITTAL LETTER

SOUTH DADE REHAB, INC. (Name of corporation) DOCUMENT NUMBER: P00000011975 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: Donald P. Moore (Name of person) Fowler White Burnett P.A. (Name of firm/company) 100 S. E. 2nd Street, 17th Floor (Address) Miami, FL 33131 (City/state and zip code) For further information concerning this matter, please call: Donald P. Moore at (305) 789-9271 (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

Pursuant to the	e provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508,	Florida Statutes,
this statement of Florida	of change is submitted for a corpora in order to change its regist	tion organized under the laws of the tered office or registered agent, or	•
of Florida.			-
1. The name of	the corporation: SOUTH DADE REI	HAB, INC.	
2. The principa	l office address: 10700 Caribbean B	oulevard, Suite 108, Miami, FL 33189	
3. The mailing	address (if different):		
4. Date of incom	poration/qualification:January 3	1, 2000 Document number: Pt	00000011975
	d street address of the current register from the current register.	ered agent and registered office on f	ile with the
	Lisa Galvez		
	10526 S.W. 127th Place		7 AFE
	Miami, FL 33186		AHAS
6. The name as changed):	nd street address of the new registe	ered agent (if changed) and /or reg	gistered of fice (if m
	Fowler White Burnett P.A.		: 22 TATE ORNO
	· ·	ailbox NOT acceptable)	_·
	100 S.E. 2nd Street, 17th Floor, Miar	ni, FL 33131	<u> </u>
The street addragent, as chang	ess of its registered office and the s ed will be identical.	treet address of the business office	of its registered
Such change wathorized by the	as authorized by resolution duly adhe board, or the corporation has been	opted by its board of directors or be in notified in writing of the change	y an officer so
	r, chairman of the board)	Lisa Galvez, Vice President (Printed or typed name and title)	
I hereby accept I further agree performance of registered agen office address	t the appointment as registered age to comply with the provisions of all my duties, and I am familiar with If Or, if this document is being file I hereby confirm that the corporati	nt and agree to act in this capacity I statutes relative to the proper and and accept the obligation of my pos ad merely to reflect a change in the on has been notified in writing of t	I complete sition as registered his change.
1) orle	X T. Woov Signature of Registered Agent)	ZZ November ZC	
If signing on beha	Will Burnell	Shanchelden	
(Typed or Printed Name)	(Capacity)	

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