

PO00000060761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

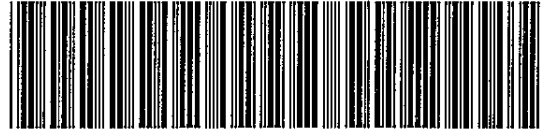
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RO Change
Ra 9/25/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORAL WAY THERAPY, INC.

(Name of corporation)

DOCUMENT NUMBER: P00000060761

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:

ALAN GREENFIELD, ESQ.

(Name of person)

LAW OFFICES

(Name of firm/company)

15105 NW 77 AVENUE, SUITE 303

(Address)

MIAMI LAKES, FL 33014

(City/state and zip code)

For further information concerning this matter, please call:

WILLIAM GUTHRIE

(Name of person)

at (954) 938-3770

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

**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: CORAL WAY THERAPY, INC.
2. The principal office address: 8101 CORAL WAY, MAIMI, FL 33155

3. The mailing address (if different): P. O. BOX 5208, FT. LAUDERDALE, FL 33310

4. Date of incorporation/qualification: 6/22/2000 Document number: P00000060761

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOEL MORRISON, ESQ.

1501 NW 49 STREET, SUITE 200

FT. LAUDERDALE, FL 33309

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

ALAN GREENFIELD, ESQ.

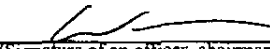
15105 NW 77 AVENUE, SUITE 303

(P.O. Box or personal mailbox NOT acceptable)

MIAMI LAKES, FL 33014

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.


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

WILLIAM GUTHRIE, PRES.

(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.


(Signature of Registered Agent)

8/26/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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DIVISION OF STATE
TALLAHASSEE, FLORIDA