P010000104

Office Use Only



200185422642

09/20/10--01043--013 **35.00

10 SEP 20 PM 4: 27



Barro

COVER LETTER

SUBJECT: RJB CARDIAC & PHYSICAL REHABILITATION, (Name of Corporation)	
•	
DOCUMENT NUMBER: P01000002764	, , , , , , , , , , , , , , , , , , ,
The enclosed Resignation of Registered Agent for a Corporation ar	nd fee are submitted for filing
Please return all correspondence concerning this matter to the follo	wing:
Angela Ruckman	
(Name of Person)	
Robert E. Livingston, P.A.	
(Name of Firm/Company)	
445 South Commerce Avenue	
(Address)	
Sebring, Florida 33870	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Angela Ruckman at (863) 385 (Name of Person) (Area Code & Day	5-5156
(Name of Person) (Area Code & Day	time Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327 Tallahassee, FL 32314

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 thange 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 th	ne corporation: RJB CARDIAC & PHYSICAL REHABILITATION, INC.	
2. The principal o	office address: 3201 Medical Way, Suite 102; Sebring, Florida 33870	
3. The mailing ad	ldress (if different): Same	
4. Date of incorpo	oration/qualification: 01/03/2001 Document number: P01000002764	
	street address of the current registered agent and registered office on file with the ment of State: (If resigned; enter resigned)	
-	James F McCollum, P.A. (Deceased)	
	129 South Commerce Avenue	
	Sebring, Florida 33870	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Robert E. Livingston, P.A.	
	445 South Commerce Avenue	
-	P.O. Box NOT acceptable Sebring, Florida 33870	
The street address as changed will l	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e by archiver by a corporation has been notified in writing of the change.	
Signature	Printed or typed name and title	
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of a lam familiar with and accept the obligation of my position as registered agent. Or, if this is giled merely to reflect a change in the registered office address. I hereby confirm that the been potified in writing of this change.	
Sign	September 16, 2010 Date	
If signing on bei	half of an entity:	
	bert E. Livingston ped or Printed Name	

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