

PO1000011374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

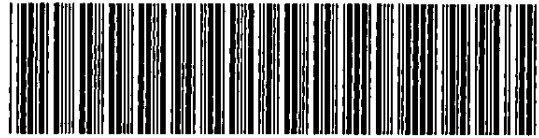
(Business Entity Name)

(Document Number)

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07 MAR 26 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~03/08/07~~ MAR 26 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2007

MINDY B. SENTER  
SENER FOR HEALTH & REHAB, INC.  
2045 N. UNIVERSITY DR.  
SUNRISE, FL 33322

SUBJECT: SENTER FOR HEALTH & REHAB, INC.  
Ref. Number: P01000011374

We have received your document for SENTER FOR HEALTH & REHAB, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 307A00017242

RECEIVED  
07 MAR 26 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** SENER FOR HEALTH & REHAB, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 901000011374

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:

MINDY B. SENNER

(Name of Contact Person)

SENER FOR HEALTH & REHAB, INC.

(Firm/Company)

2045 N. UNIVERSITY DR.

(Address)

SUNRISE FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

JUDI DAVIS

(Name of Contact Person)

at (954) 327-2924

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SENER FOR HEALTH + REHAB, INC
2. The principal office address: 2045 N. UNIVERSITY DR.  
SUNRISE, FL 33322
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/30/2001 Document number: P01000011374
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
JEFFREY SENTER  
857 SAND CREEK CIRCLE  
WESTON, FL 33327

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
MINDY B. SENTER  
2045 N. UNIVERSITY DR.  
(P.O. Box NOT acceptable)  
SUNRISE, FL 33322

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TALLAHASSEE, FLORIDA

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.

X [Signature]  
(Signature of an officer or director)

MINDY B. SENTER  
(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.*

X [Signature]  
(Signature of Registered Agent)

3/16/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)