

PO1000088232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

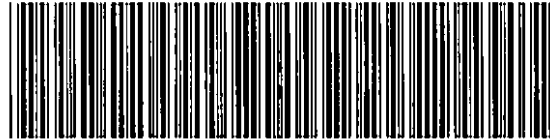
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SECRETARY OF STATE
TALLAHASSEE, FL

C GOLDEN

OCT 24 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROGRESSIVE ORTHOPEDIC AND REHABILITATION, INC
Name of Corporation

DOCUMENT NUMBER: PO1 000088232

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:

MARCK LUBIN
Name of Contact Person

PROGRESSIVE ORTHOPEDIC AND REHABILITATION, INC
Firm/Company

1321 N PALM AVE
Address

PEMBROKE PINES FL 33026
City/State and Zip Code

progressiverehab1321@bmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCK LUBIN at (954) 261-9419
Name of Contact Person 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROGRESSIVE ORTHOPEDIC AND REHABILITATION, INC.
2. The principal office address: 1321 N PALM AVE
PEMBROKE PINES FL 33026
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/7/2001 Document number: PD1000088232

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SIMONE SPEYER
11336 NW 14TH CT
PEMBROKE PINES FL 33026

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

Mark Lubin
10151 E Cypress Ct
Pembroke Pines FL 33026

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Simone Speyer
Signature of an officer or director

SIMONE SPEYER
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.

Mark Lubin
Signature of Registered Agent

9/28/18
Date

If signing on behalf of an entity:

Mark Lubin
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