

PD1000104640

DEBORAH MOURA - R.P.T.
3870 WATERCREST DR.
LONGWOOD, FL 32779

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

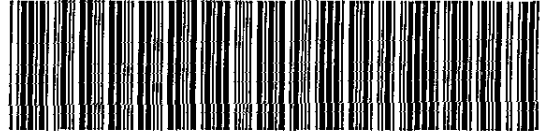
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03 JAN -9 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 20, 2002

DEBORAH MOURA - R.P.T.
3870 WATERCREST DR.
LONGWOOD, FL 32779

SUBJECT: OUTPATIENT-HOMECARE REHAB, INC.
Ref. Number: P01000104640

We have received your document for OUTPATIENT-HOMECARE REHAB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation is 10/30/2001 which should be noted on the document in part 3(three).

The document must also contain the address of the registered agent which must be at a Florida street address.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 602A00066948

RECEIVED
03 JAN -9 AM 10:11
DIVISION OF CORPORATIONS

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Outpatient-Homecare Rehab Inc.

2. The mailing address of the corporation : 650 Douglas Ave Suite 1029
Altamonte Springs, Fl. 32714

3. Date of incorporation/qualification: 10/30/2001 Document number: Ref # - PD1000104640

4. The name and address of the current registered agent and registered office:

Deborah Moura Tanna Harris
3870 Watercrest Dr. Fox Valley Dr.
Longwood Fl. 32779 Longwood Fl. 32779

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

Tanna Harris Deborah Moura
3870 Watercrest Dr.
Longwood Fl. 32779 Longwood Fl. 32779

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.

Deborah Moura, PT. - President 12/8/02
(Signature of an officer, chairman or vice chairman of the board) (Date)

Deborah Moura President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Deborah Moura 12/8/02 Resubmitted
(Signature of Registered Agent) (Date) 1/6/02

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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