PS1000190198

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ddress) | |
| (Ac | ddress) | · |
| (Ci | ty/State/Zip/Phone | ⇒ #) |
| PICK-UP | WAIT | MAIL |
| (Bı | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| for a | Office Use On | lv |



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SEURETARY OF STATE
TALLAHASSEE



COVER LETTER

TO: Amend

Amendment Section Division of Corporations

SUBJECT: RehabFirst Inc

Name of Corporation

DOCUMENT NUMBER

P01000120198

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:

Melanie Scott

Name of Contact Person

RehabFirst Inc

Firm/Company

PO Box 15310

Address

Sarasota, FI 34277

City/State and Zip Code

melaniedieckman@rehabfisrt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Scott

941

376 2086

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\underline{\mathbf{f}}$ er to change its registered office or registered agent, or both, in the State of Fla | CORIDA | |
|---|--|-------------------------------------|----------|
| 1. The name of | the corporation: RehabFirst Inc | | |
| 2. The principal | l office address: 5211 Manatee Ave W, Bradenton, FI 34209 | | |
| 3. The mailing a | address (if different): Po Box 15310, Sarasota, Fl 34277 | 117 | |
| 4. Date of incor | poration/qualification: 12/19/2002 Document number: P01000 |)120198 | |
| | d street address of the current registered agent and registered office on file with urtment of State: (If resigned, enter resigned) | ı the | |
| | Melanie Scott | | |
| | 2820 Manatee Ave W, Suite B | | |
| | Bradenton, FI 34205 | T. | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | SECRETARY LLAHASSET | 4 OCT 27 |
| | Melanie Scott | RY C | 7 AM |
| | 5211 Manatee Ave W | 0f ST E. FL(| <u>အ</u> |
| | P.O. Box NOT acceptable Bradenton, FI 34209 | ATE)RIDA | 57 |
| The street address changed will | ess of its registered office and the street address of the business office of its i l be identical. | registered agent, | |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an of he board, or the corporation has been notified in writing of the change. | ficer so | |
| | Melanie Scott | | |
| I hereby accept I further agree of performance of agent. Or. if th | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comply mith the provisions of all statutes relative to the proper and comply my duties, and I am familiar with and accept the obligation of my position a discument is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change. | lete is registered address, I | |
| | 10.20.2014 | | |
| | chalf of an entity: | | |
| T | Typed or Printed Name | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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