

LAW OFFICES OF J. KELLY KENNEDY

Winter Haven, FL 33880-3004



J. KELLY KENNEDY

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AREAS OF PRACTICE: Wills, Estates, Estate Planning, Real Property Law, Taxation, Corporate, Business and Mortgage Law

CYNTHIA CROFOOT RIGNANESE

Attorney at Law e-mail: ladylawyer@ithink.net

REPLY TO:

PO Box 7604, Winter Haven, FL 33883-7604 Tel: (863) 294-1114 Fax:(863) 294-8937

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Division of Corporations PO Box 6327 Tallahassee, Florida 32314-6327

RE: CHANGE OF REGISTERED AGENT: GERIATRIC THERAPY SERVICES, INC.

Dear Ladies:

Enclosed, please find an original Change of Registered Agent Form for the above-reference corporation. I also enclose my law firm's check in the amount of \$35,00 to cover this charge.

Thank you for your cooperation in this matter. If you should have any guestions, please do not hesitate to contact my office.

Singerely you

CYNTHIA CROFOOT RIGNANESE, ESQUIRE CCR/rh

Enclosures

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ac. to

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the the State of .	following statement in order to Florida	cnange its register	ea office or registered a	gent, or both, in	2
•	of the corporation:	Geriatric Th	nerapy Services, Inc.	,	
	•		,		
The maili	ing address of the corporation:	5918 State	Road 542 West		
	mg address or me sorporation	Winter Hav	en, Florida 33880		
Date of in	ncorporation/qualification:	anuary 23, 2002	Document number:	02000010355	;
. The name	and address of the current regi	stered agent and off	ce:		
	Pamala A. Sey	mour			
	5918 State Roa	ad 542 West	· · · · · · · · · · · · · · · · · · ·		• • •
	Winter Haven,	Florida 33880	· · · · · · · · · · · · · · · · · · ·		
5. The name	e and address of the new register (P. O	red agent (if change . Box Not Acceptab	· —	e (if changed):	
	Alice M. Enault				
	5918 State Roa	ad 542 West		-	**
	Winter Haven,	Florida 33880	,		
igent, as ch	ddress of its registered office a anged, will be identical. e was authorized by resolution by the board.				
uthorized t	by the board.		_		
(Šīgna	nure of an officer, chairman or vice chair Pamala A. Sey) () ((Date)		
	(Printed or typed name and tit.			_ ,,	•
Having been corporation I further ago performance registered a	n named as registered agent an , I hereby accept the appointm ree to comply with the provisio e of my duties, and I am familio gent.	ur wun ana accept i	ne ovugation of my pos	e stated this capacity, complete ition as	
	Alice M. Enaul	Plumen	rult	PALLE	_
· · · · · · · · · · · · · · · · · · ·	(Signature of Registered Agent)		(Date)	AHA AHA	-
f signing on b	ehalf of an entity:		•	T I:	1
	(Typed or Printed Name)		(Capacity)	- FOT 7	CHAN
	* * * FII	LING FEE: \$35.00	***	F STA:	-
CR2E045(9/00)				로 크	
,	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	,	