

PB2000045483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

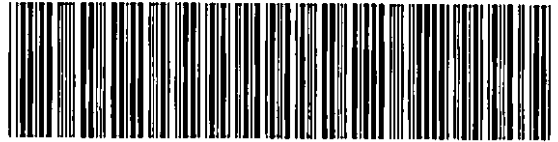
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300318199043

03/14/18--01011--013 \*\*35.00

STATE OF FLORIDA  
TALLAHASSEE

2018 SEP 14 P 2:39

FILED

SEP 14 2018

20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sbm Rehabilitation medical center  
Name of Corporation

DOCUMENT NUMBER: P02000045483

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:

Roman Perez  
Name of Contact Person

Sbm Rehabilitation medical center  
Firm/Company

3472 Forest Hill Blvd. Suite 2C.  
Address

Palm Springs, FL 33406  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sydney Avila at ( 561 ) 296-1116  
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: Sbm Rehabilitation medical center
2. The principal office address: 3472 Forest Hill Blvd. Suite 2C.  
Palm Springs, FL 33406
3. The mailing address (if different): " "
4. Date of incorporation/qualification: 10/01/2007 Document number: PD2000045483

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)

Roman M. Perez  
6300 S. Dixie Hwy Suite 101  
West Palm Beach, FL 33405

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

Roman M. Perez  
3472 Forest Hill Blvd. Suite 2C  
P.O. Box NOT acceptable  
Palm Springs, FL 33406

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.

  
Signature of an officer or director

Roman Perez owner  
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.

  
Signature of Registered Agent

09/11/2018  
Date

If signing on behalf of an entity:

Roman Perez  
Typed or Printed Name

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