

PD2DDDD078813

(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



700029504527

03/01/04--01072--024 **70.00

FILED

04 MAR 16 PM 1:10

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

RA/change
(1a) 3/17/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 8, 2004

KIMBERLY RUSSO
FLORIDA INJURY & REHABILITATION CENTERS
6220 S. ORANGE BLOSSOM TRAIL - STE. 606
ORLANDO, FL 32809

SUBJECT: FLORIDA INJURY & REHABILITATION CENTERS, INC.
Ref. Number: P02000078813

We have received your document for FLORIDA INJURY & REHABILITATION CENTERS, 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 new registered agent signature is required on the form.

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: 704A00015205

RECEIVED
04 MAR 16 AM 9:24
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA INJURY and REHABILITATION CENTERS, INC.
(Name of corporation)

DOCUMENT NUMBER: P02000078813

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:

KIMBERLY BONA OBRA RUSSO
(Name of person)

FLORIDA INJURY and REHABILITATION CENTERS, INC.
(Name of firm/company)

6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 606
(Address)

ORLANDO, FLORIDA 32809
(City/state and zip code)

For further information concerning this matter, please call:

KIMBERLY BONA OBRA RUSSO at (407) 856-3695
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

CLERK OF STATE
TALLAHASSEE, FLORIDA

04 MAR 16 PM 1:10

FILED

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: FLORIDA INJURY and REHABILITATION CENTERS, INC.
2. The principal office address: 6220 South Orange Blossom Trail, Suite 606
Orlando, FL 32809
3. The mailing address (if different): "SAME"

4. Date of incorporation/qualification: 07/19/2002 Document number: P02000078813

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Russo, Joseph F.
6220 South Orange Blossom Trail, Suite 606
Orlando, FL 32809

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

Russo, Kimberly Bonaobra
6220 South Orange Blossom Trail, Suite 606
Orlando, FL 32809
(P.O. Box or personal mailbox NOT acceptable)

FILED
04 MAR 16 PM 1:10
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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, for the corporation has been notified in writing of the change.

[Signature] (Signature of an officer or director) Joseph Russo, President (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 relating 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] (Signature of Registered Agent) 2-27-04 3-11-04
outgoing (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314