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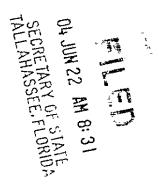
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Elife Injury & Rehab Center, Inc.
DOCUMENT NUMBER: P02000091473
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:
Louis Revez (Name of person)
Elik Injury & Rehab Center, Inc.
3260 West Hillsborough Ave, Ste # 105
Tampa, FL 33614 (City/state and zip code)
For further information concerning this matter, please call:
The low Perez at (813) 874-2256 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Elite Injury & Rehab Center, Inc.
2. The principal office address: 3260 West Hillshorough Hue, Ste 105 Tampa, FL 33614
3. The mailing address (if different): P.O. Box 151631
Tampa, FL 33684
4. Date of incorporation/qualification: 8/22/02 Document number: P02000091473
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Frank St. Clair
8001 North Dale Mabry Huy #501C
Tampa FL 33614
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): Delfred Beyers
101 Flamingo Orive
P.O. Box or personal mailbox NOT acceptable) And In Records #1 33572
The state of the s
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.
German M. Ruperto, M.S. German Ruperto M.D. / Pa
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.
Oelfrad Bayers [Bignature of Registered Agent) [Date]
If signing on behalf of an entity:
Flite IN usy + Rehab Center NC heg 15 Tena Ugent

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