

PO400000 91473

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elite Injury & Rehab Center, Inc.
(Name of corporation)

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 Perez
(Name of person)

Elite Injury & Rehab Center, Inc
(Name of firm/company)

3260 West Hillsborough Ave, Ste #105
(Address)

Tampa, FL 33614
(City/state and zip code)

For further information concerning this matter, please call:

~~E~~ Louis Perez at (813) 874-2256
(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

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: Elite Injury & Rehab Center, Inc.
2. The principal office address: 3260 West Hillsborough Ave, 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 Hwy. #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 Drive
(P.O. Box or personal mailbox NOT acceptable)
Apollo Beach, FL 33572

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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.D.
(Signature of an officer or director)

German Ruperto M.D. / PO
(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.

Delfred Beyers
(Signature of Registered Agent)

6-18-04
(Date)

If signing on behalf of an entity:

Elite Injury & Rehab Center Inc
(Typed or Printed Name)

Registered Agent
(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