

P02000097794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

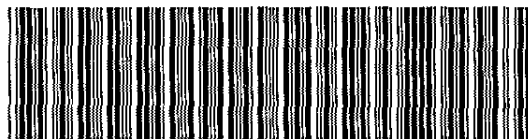
(Business Entity Name)

(Document Number)

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*RA Change
T. Lewis*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 28 PM 2:44

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03/01/06--01010--008 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Miami Rehabilitation, Inc
(Name of Corporation)

DOCUMENT NUMBER: P02000097794

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:

Juan Manzano
(Name of Contact Person)

South Miami Rehabilitation Inc
(Firm/Company)

271 NW 60 Ave
(Address)

Miami FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Manzano at (305) 480-5688
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 18, 2005

SOUTH MIAMI REHABILITATION INC.
271 NW 60 AVE
MIAMI, FL 33126

SUBJECT: SOUTH MIAMI REHABILITATION INC.
Ref. Number: P02000097794

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 905A00063316

RECEIVED
06 FEB 27 AM 8:00
TALLAHASSEE, FL

**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: South Miami Rehabilitation, Inc
2. The principal office address: 271 NW 60 Ave
Miami FL 33126
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/10/2002 Document number: P02000097794
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Alejandro Hernandez
19315 SW 120 Ave
Miami FL 33177

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

Juan Manzano
271 NW 60 Ave
(P.O. Box NOT acceptable)
Miami FL 33126

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 28 PM 2:46

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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.

Nery Manzano
(Signature of an officer or director)

Nery Manzano
(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]
(Signature of Registered Agent)

10/21/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)