P02000108857

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	NECT: K & L Therapy Services, Inc.	ation)
DOCU	UMENT NUMBER:_ P02000108857	
The en	nclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the	e following:
	Lourdes Mercado-Santiago (Name of Contact)	Person)
	K & L Therapy Services, Inc. (Firm/Compar	ny)
	308 Casa Marina Place (Address)	
	Sanford, Florida 32771 (City/State and Zip	Code)
For fu	orther information concerning this matter, please call:	
Lourd	des Mercado-Santiago at ((Name of Contact Person)	(407) 595-0753 (Area Code & Daytime Telephone Number)
Enclos	sed 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: K & L Therapy Services, Inc.		
2. The principal office address: 308 Casa Marina Place		
Sanford, Florida 32771		
3. The mailing address (if different): P.O. Box 621016		
Oviedo, Florida 32762-1016		
4. Date of incorporation/qualification: 10/9/2002 Document number: P02000108857		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Veronica Hernandez- Matias		
1208 Twin Rivers Blvd		
Oviedo, Florida 32766		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Lourdes Mercado-Santiago		
308 Casa Marina Place		
(P.O. Box NOT acceptable)		
Sanford, Florida 32771		
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.		
Taurales herrado-Santiago President (Signature of an officer or director) Lourdes Mercado-Santiago 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 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.		
Yourdes Kurcadi Santrago 9/4/06 (Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
Lourdes Mercado-Santiago (Typed or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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