## PBD011477

## Rudolfe Hoffman PA 615 Northeast Third Avenue

Fort Lauderdale, Florida 33304

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(City/State/Zip/Phone #)							
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p statement of chan in order		or a corpo	ration or	ganized un	der the la	ws of the	State of _	F	lorio		
1. The name of th	e corporation:	FIRST	' HEAI	TH REE	ABILI	TATIO	N, INC	С			
2. The principal of	ffice address:			akland erdale,			evard	, s	uite	202	1
3. The mailing ad	dress (if differen						· · · · · · · · · · · · · · · · · · ·				
4. Date of incorpo	oration/qualificati	ion: <u>10/</u>	16/02		ocument 1	number:	P0200	301	1147	7	
5. The name and a Florida Departs		he current	registere	ed agent and	l registere	ed office	on file wi	th the	•		
_		Dougla	s F.	Hoffma	ın						
		615 No	orthea	ast Th	rd Av	enue		_			
- -		Fort I	Laudei	dale,	FL 33	334		_	SECIM ALLAI	3S 40	<u>-</u>
6. The name and s (if changed):	street address of t	he new reş	gistered a	gent (if cha	nged) and	d/or regi	stered off	ice	HASSEE	P-1 P	
_		Rudo	lf &	Hoffma	1, P.A	· · ·		_		PM 12:	
-		615 I	North NOT accept	east T	nird A	venue	<u> </u>	_	IATE PRIDA	<u>5</u>	
_		Fort	Laud	erdale	, FL 3	3304		_			
The street address as changed will b	s of its registered e identical.	l office an	d the str	eet address	of the bu	siness o	ffice of it	s reg	istered	agent,	
Such change was authorized by the	authorized by fe board, or the fo	Solution of	luly adop has been	oted by its notified in	board of a	directors of the ch	or by an ange.	offic	er so		
- Gignature	of an officer or drocte	~ 2 m					ne, P:		iđen	<u>t                                     </u>	
I hereby accept the I further agree to of my duties, and document is being corporation has t	ne appointment a comply with the I am familiar wi g filed merely to ween porfied in w	s registere provision th and acc reflect a c vriting of i	ed agent s of all s cept the c hange in this chan	and agree tatutes relo obligation the regist ge.	to act in itive to th of my pos ered office	this cape te proper ition as . e addres	acity. and com registered s, I hereb	iplete d age vy coi	e perfor ent. Or nfirm th	mance if this at the	<b>,</b>
- (Signa	itury of Registered Age	ent)				8 13 (Dat	301C	<u> </u>			
If signing on beha	olf of an entity:										
	. Hoffman	, Vice	Pres	ident							

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