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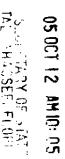
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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J. Stilvers OCT 18 2005

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
1. The name of the corporation: TBC Rehab Inc. 2. The principal office address: 4517 Clarkwood Court Land O Lakes F2 34639
2. The principal office address: 4517 Clarkwood Court
Land O Lakes Fr 34639
3. The mailing address (if different):
4. Date of incorporation/qualification: Morch 17,203 Document number: PO 30000 30 333
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Fermin Roland B. Rofea
13017 Royal George Juence
Fermin Roland B. Rofea 13017 Royal George Ivenue Odessa, Fr. 33556
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fermin Roland Rotea
4517 Clarkwood Court
Fermin Roland Rotea 4517 Clarkwood Court (P.O. Box NOT acceptable) Land O' Lake, FL 34639
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.
(Signature of an officer of director) Fermin Roland B. Rolea (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 of Registered Agent) (Date)
If signing on behalf of an entity:
(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 * * *

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: TBC Rehab Inc. (Name of Corporation)			
DOCUMENT NUMBER: Po 30000 30 333 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:			
Fermin Reland B. Rotea (Name of Contact Person)			
TBC Rehab Inc. (Firm/Company)			
4517 Clarkwood Court	F. C	05	
Land O Lakes Ft 34639 (City/State and Zip Code)	HALL SE	05 00T 12 AMID: 0"	7
	(T)	3	C
For further information concerning this matter, please call: Fermin Reland Roka at (813) 310-1526 (Name of Contact Person) (Area Code & Daytime Telephone Number)	ber)•	 	

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