

P03000067007

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 1, 2004

BRYAN GRAHAM  
OCEANSIDE PHYSICAL THERAPY, INC.  
1807 S. KANNER HWY  
STUART, FL 34994-3750

SUBJECT: OCEANSIDE PHYSICAL THERAPY, INC.  
Ref. Number: P03000067007

We have received your document for OCEANSIDE PHYSICAL THERAPY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 004A00053065



Bryan Graham, MPT

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oceanside Physical Therapy, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P03000067007

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:

Bryan Graham  
(Name of contact person)

Oceanside Physical Therapy, Inc.  
(Firm/Company)

1807 S. Kanner Highway  
(Address)

Stuart, FL 34994-3750  
(City/state and zip code)

For further information concerning this matter, please call:

Bryan Graham at (772) 283-3820  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State. An additional copy and self-addressed stamped envelope have also been enclosed. Please forward a date-stamped copy to the above address.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

CR2E045(6/04)

**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: Oceanside Physical Therapy, Inc.
2. The principal office address: 1807 S. Kanner Highway, Stuart, FL 34994-3750
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/17/2003 Document number: P03000067007

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Spiegel & Utrera, P.A.  
1840 SW 22nd Street, 4th Floor  
Miami, FL 33145

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

Bryan L. Graham  
1807 S. Kanner Highway  
(P.O. Box NOT acceptable)  
Stuart, FL 34994-3750

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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.

\_\_\_\_\_  
(Signature of an officer or director) Bryan L. Graham, 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.*

By \_\_\_\_\_ 9/15/09  
(Signature of Registered Agent) (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