

PO3000113969

10/28/2011 6:10 PM Fax: Frank, Weinberg, Black, P.L. NO: 1-850-617-6380 PAGE: 002 OF 010

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954) 474-8000
Fax Number : (954) 474-9850

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM,
INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

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TALLAHASSEE, FLORIDA

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Handwritten signature

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Rehab and Medical Centers of West Palm, J
Name of Corporation

DOCUMENT NUMBER: P03000113969

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:

Anastasios Tom Spyredes
Name of Contact Person

Frank, Weinberg & Black, P.L.
Firm/Company

1800 N. Military Trall, Suite 170
Address

Boca Raton, FL 33431
City/State and Zip Code

tspyredes@fwblaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anastasios Tom Spyredes at (561) 395-3350
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

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1308, 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: Complete Rehab and Medical Centers of West Palm, Inc.
2. The principal office address: 4935 Okeechobee Blvd., West Palm Beach, FL 33417
3. The mailing address (if different): P.O. Box 741235, Boynton Beach, FL 33474

4. Date of incorporation/qualification: 10/15/2003 Document number: P03000113989

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Brian Bauer

3111 NE 43rd Street

Fort Lauderdale, FL 33308

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

Frank, Weinberg & Black, P.L.

1800 North Military Trail, Suite 170

P.O. Box NOT acceptable

Boca Raton, FL 33431

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]
Signature of an officer or director

Brian Bauer
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

OCTOBER 18, 2011
Date

If signing on behalf of an entity:

ANASTASIOS - TOM SPINEROS
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
CR2ED45 (8/05)

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