P03000113969

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC

Certificate of Status	0
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OCT 30 2013
T. CARTER

October 29, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.
P.O. BOX 741235
BOYNTON BEACH, FL 33474US

SUBJECT: COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.
REF: P03000113969

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity name and document number listed on the application do not match. Please correct your document accordingly.

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) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H13000238061
Letter Number: 813A00025173

RE-SUBMIT
Please retain original filing date of submission 10/25

RECEIVED
13 OCT 29 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.
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:

Justine Billante
Name of Contact Person

Whitesand Orthopedics
Firm/Company

1245 West Fairbanks Ave., Suite # 350
Address

Winter Park, FL 32789
City/State and Zip Code

justine@wsorthopedics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justine Billante at (407) 960-5850/ 407-538-6358
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

CR2E045 (03/12)

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: 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): PO BOX 741235, BOYNTON BEACH, FL 33474
4. Date of incorporation/qualification: 10/25/2000 Document number: P03000113969
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)

   FRANK, WEINBERG & BLACK, P.L.

   1800 NORTH MILITARY TRAIL, SUITE 170

   BOCA RATON, FL 33431

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

   C T Corporation System

   c/o C T Corporation System, 1200 South Pine Island Road

   P.O. Box NOT acceptable

   Plantation, Florida 33324

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.

Justine A. Bullante
Signature of an officer or director

Justine A. Bullante
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.

C T Corporation System
By: Rosanna Cuddihy
Signature of Registered Agent

October 25 2013
Date

If signing on behalf of an entity:
Rosanna Cuddihy
Special Assistant Secretary
Typed or Printed Name

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 OCT 25 AM 8:15

*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FL006 - 03/20/2013 Wolters Kluwer CCH