

P03000113969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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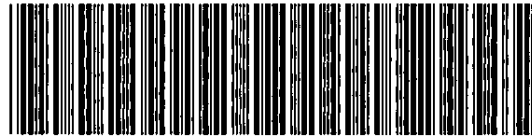
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 28 2017

ALBRITTON

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:

BAUER, BRIAN

Name of Contact Person

COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.

Firm/Company

PO BOX 741235

Address

BOYNTON BEACH, FL 33474

City/State and Zip Code

docyoza1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell Moore, Esquire

Name of Contact Person

at (**954**) **263-3814**

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

**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 BOULEVARD
WEST PALM BEACH, FLORIDA 33417
3. The mailing address (if different): PO BOX 741235, Boynton Beach, FL 33474

4. Date of incorporation/qualification: 10/15/2003 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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC

325 SW 14th Avenue #3

P.O. Box NOT acceptable

Pompano Beach, FL 33069

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.

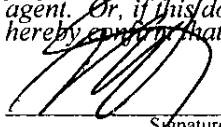


Signature of an officer or director

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.


Mitchell Moore

Signature of Registered Agent

4-17-2017

Date

If signing on behalf of an entity:

Mitchell Moore, Esquire

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

CR2E045 (03/12)

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