P03000113969

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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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	02
Estimated Charge	$35.00

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JAN 02 2019
S. YOUNG

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 _____ 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: 10/15/2003 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)

PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC
325 SW 14TH AVENUE #3
POMPANO BEACH, FL 33069

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

Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
P.O. Box NOT acceptable
Palm Beach Gardens, FL 33410

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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 — Caitlin Lazarus, Attorney-in-Fact
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. 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 — 12/19/2018
Date

If signing on behalf of an entity:

Caitlin Lazarus, Special Secretary
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

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