

P04000041164

(Requestor's Name)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINE Rehabilitation Center DBA/The Phys. Occ. Speech Therapy Group
(Name of corporation)

DOCUMENT NUMBER: PD 4000041164

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:

FRINE COLON / GORGELINA WEBER RPT
(Name of contact person)

PINE Rehabilitation Center
(Firm/Company)

1276 N Semoran BLVD.
(Address)

Orlando FL 32807
(City/state and zip code)

For further information concerning this matter, please call:

FRINE COLON at (407) 732-7299
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 31, 2005

FRINE COLON
PINE REHABILITATION CENTER INC
1276 N. SEMORAN BLVD.
ORLANDO, FL 32807

SUBJECT: PINE REHABILITATION CENTER INC
Ref. Number: P04000041164

We have received your document for PINE REHABILITATION CENTER INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6878.

Alan Crum
Document Specialist

Letter Number: 105A00006685

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PINE Rehabilitation Center Inc.
2. The principal office address: 1276 N Semoran BLV.
ORLANDO FL 32807
3. The mailing address (if different): 1276 N Semoran BLV.
ORLANDO FL 32807
4. Date of incorporation/qualification: Aug-2-04 Document number: PD4000041164
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FRINE Colon
35 W. Pine St., Ste. 213
ORLANDO, FL 32801

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

Felix MARICHAL MD
1276 N Semoran BLV.
(P.O. Box NOT acceptable)
ORLANDO FL 32807

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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]
(Signature of an officer or director)

Felix MARICHAL
(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.

Georgina Weber RPT
(Signature of Registered Agent)

12/30/04
(Date)

Felix MARICHAL MD.
If signing on behalf of an entity:

02/04/05

PINE Rehabilitation Center
(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