

P04000063040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

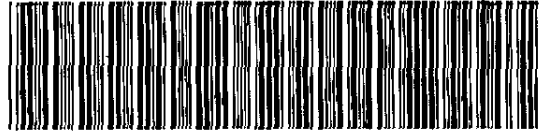
(Business Entity Name)

(Document Number)

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04/18/05--01023--013 \*\*35.00

Ps 5/17/05  
RO

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rehabil International Corp  
(Name of corporation)

**DOCUMENT NUMBER:** P04000063040

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:

Victor Omar Caraballo  
(Name of contact person)

Rehabil International Corp  
(Firm/Company)

7362 SW 80 Street Plaza # 163 A  
(Address)

Miami, FL 33143  
(City/state and zip code)

For further information concerning this matter, please call:

Victor Omar Caraballo at (305) 776-6313  
(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

April 25, 2005

VICTOR OMAR CARABALLO  
REHABIL INTERNATIONAL CORP  
7362 SW 80 ST PLAZA #163 A  
MIAMI, FL 33143

SUBJECT: REHABIL INTERNATIONAL CORP  
Ref. Number: P04000063040

We have received your document for REHABIL INTERNATIONAL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 805A00028269

RECEIVED  
05 MAY 16 AM 9:35  
DIVISION OF CORPORATIONS

**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: Rehabil International Corp
2. The principal office address: 7362 SW 80 Street Plaza # 163 A  
Miami, FL 33143
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/09/2004 Document number: P0400003040
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Victor Omar Caraballo

3920 SW 122 Ave

Miami, FL 33175

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

Victor Omar Caraballo

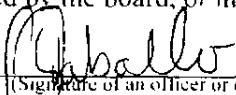
7362 SW 80 Street Plaza Apt 163 A

(P.O. Box NOT acceptable)

Miami, FL 33143

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.

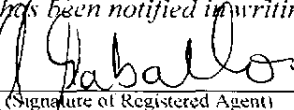


(Signature of an officer or director)

Victor Omar Caraballo, President

(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 of Registered Agent)

05/9/05

(Date)

If signing on behalf of an entity:

N/A

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE