

P04000071486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

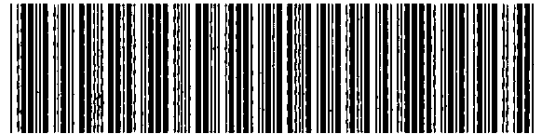
(Business Entity Name)

(Document Number)

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200130716992

06/05/08--01040--003 \*\*35.00

*Roberts*

SECRETARY OF STATE  
RECEIVED  
JUN 23 2008

08 JUN 23 PM 4:38

FILED

T. Roberts JUN 23 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2008

BARBARA OLIVA  
PACIFIC MEDICAL & REHABILITATION CENTER  
8328 SW 40TH STREET  
MIAMI, FL 33155

SUBJECT: PACIFIC MEDICAL & REHABILITATION CENTER INC.  
Ref. Number: P04000071486

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 008A00035451

RECEIVED  
2008 JUN 23 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pacific Medical and Rehabilitation Center  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000071486

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:

Barbara Oliva  
(Name of Contact Person)

Pacific Medical and Rehabilitation Center  
(Firm/Company)

8328 sw 40th street  
(Address)

Miami, FL 33155  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Oliva at ( 305 ) 261-9090  
(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

**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: Pacific medical + Rehabilitation Center
2. The principal office address: 8328 SW 40th street  
Miami, FL 33155
3. The mailing address (if different): 8301 SW 99 ct  
Miami, FL 33173
4. Date of incorporation/qualification: 05/03/04 Document number: P04000071486
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

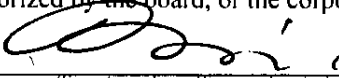
Barbara O. Oliva  
PO Box 441 563  
Miami, FL 33144

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

Barbara O. Oliva  
8328 SW 40th street  
(P.O. Box NOT acceptable)  
Miami, FL 33155


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)

Barbara Oliva  
(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)

06/17/2008  
(Date)

If signing on behalf of an entity:

Barbara Oliva  
(Typed or Printed Name)

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