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DIXON ALEXANDRE

PAGE 01/01

Division of Corporations

Page 1 of 1

P04000097713

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE
GIVEN REHABILITATION CENTER, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

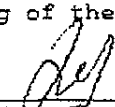
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1509, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GIVEN REHABILITATION CENTER, INC.
2. The principal office address: 4645 GUNCLUB ROAD SUITE 13
WEST PALM BEACH, FL 33415
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 28, 2004 Document number: P04000097713
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JEAN B DEVOLIERE
119 MEADOW WOOD DRIVE
ROYAL PALM BEACH, FL 33411
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JEAN B DEVOLIERE
4645 GUNCLUB ROAD SUITE 13
(P.O. Box NOT acceptable)
WEST PALM BEACH, FL 33411

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)

Jean B Devoliere, 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)

OCTOBER 12, 2005
(Date)

If signing on behalf of an entity:

JEAN B DEVOLIERE
(Typed or Printed Name)

Dixon Alexandre
2800 W Oakland Park Blvd. #107
Oakland Park, FL 33311
Telephone (954) 485-3770
Fax (954) 485-3775

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