

P04000161851

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change  
06/17/08  
Jc

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orthopedic Health Rehabilitation Center, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000161851

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:

Dorlene Zaslou  
(Name of Contact Person)

Orthopedic Health Center  
(Firm/Company)

2601 S.W. 37<sup>th</sup> Ave Suite 607  
(Address)

Miami, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dorlene Zaslou at (305) 445-5056  
(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Orthopedic Health AND Rehabilitation Center, P.A.  
2. The principal office address: 2601 S.W. 37<sup>th</sup> Ave. Suite 607  
Miami, FL 33133  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-26-04 Document number: P04000161851

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corp Direct Agents, Inc  
515 E. Park Ave  
Tallahassee, FL 32301

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

Orthopedic Health Center, Inc  
2601 S.W. 37<sup>th</sup> Ave Ste. 607  
(P.O. Box NOT acceptable)  
Miami, FL 33133

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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.

Dorlene Zaslau  
(Signature of an officer or director)

Dorlene Zaslau  
(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.

Dorlene Zaslau  
(Signature of Registered Agent)

6/6/08  
(Date)

If signing on behalf of an entity:

Dorlene Zaslau  
(Typed or Printed Name)

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