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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Erin L Weinbrum,PT,PA (Name of Corporati	on)
(Tamb of Corporati	
DOCUMENT NUMBER: P05000002193	
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:
	_
Erin Weinbrum	
(Name of Contact Pe	rson)
Erin Weinbrum ,PT,PA (Firm/Company)	
(Firm/Company)	
3300 NE 191 St #1809	
(Address)	· + 4400 - 1400
Aventura, Fl. 33180-2434	
(City/State and Zip C	ode)
For further information concerning this matter, please call:	
Erin Weinbrum	954 ) 401-9194
(Name of Contact Person)	954 <u>) 401-9194</u> Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	
	Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of the corporation: Erin L Weinbrum, PT, P	Α	
. The princi	pal office address: 3300 NE 191 STREET	#1809	
Aventura	ı, Fl. 33180-2434		
. The mailin	ng address (if different):		
. Date of inc	corporation/qualification: 1/05/05	Document number: P050	000002193
	and street address of the current registered partment of State:	agent and registered office on file	e with the
	Kenneth M Haller		
	12515 N Kendall DR #314		
	Miami, FL. 33186	,	
. The name (if changed	and street address of the new registered ag i): Erin Weinbrum	ent (if changed) and /or registered	FILED 2007 OCT -3 PM U SECRETARY OF STANDLAHASSEE. FL
	3300 NE 191 Street #1809		Y OF
	(P.O. Box NOT acceptab	ele)	
	Aventura, Fl. 33180-2434		4: 52
	ldress of its registered office and the street will be identical.		
	was authorized by resolution duly adopt y the board, or the corporation has been i	need by its board of directors or by notified in writing of the change	y an officer so
(Muni	Venbrum	Erin Weinbrum, Pres	
` -	enature of an officer or director)  The appointment as registered agent of the comply with the provisions of all stone and I am familiar with and accept the of the being filed merely to reflect a change in that been notified in writing of this change.	(Printed or typed name and agree to act in this capacity, atutes relative to the proper and bligation of my position as registhe registered office address, I have.	
	1)010/01/01/01	10-1-07	
Éuni	(Signature of Registered Agent)	(Date)	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314