

PO5000040940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

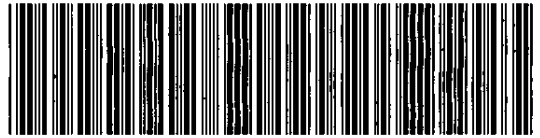
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200163752872

12/21/09--01021--008 **35.00

KA Ro 2hy

FILED
09 DEC 21 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Injury & Rehabilitation Center, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000040940

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:

Meg Intagliata
Name of Contact Person

Stenstrom, McIntosh, Colbert, Whigham & Partlow, P.A.
Firm/Company

1001 Heathrow Park Lane, Suite 4001
Address

Lake Mary, FL 32746
City/State and Zip Code

Meg@stenstrom.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meg Intagliata at (407) 322-2171
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: Central Florida Injury & Rehabilitation Center, Inc.

2. The principal office address: 8719 Summerville Place, Orlando, FL, 32819

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/10/05 Document number: P05000040940

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Crystal L. Eiffert

425 W. Colonial Dr., Suite 104

Orlando, FL 32804

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

Jerold J. Fadem, Sr., M.D.

8719 Summerville Place

P.O. Box NOT acceptable

Orlando, FL 32819

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.

Jerold J. Fadem, Sr., M.D.
Signature of an officer or director

Jerold J. Fadem, Sr., M.D.
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.

Jerold J. Fadem, Sr., M.D.
Signature of Registered Agent

12/14/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
09 DEC 21 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA