

P05000101075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

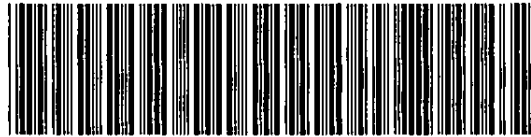
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TALLAHASSEE FLORIDA

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JUN 15 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bertran Rehabilitation Center Inc.
Name of Corporation

DOCUMENT NUMBER: PO5000 101075.

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:

Carmen Salvador
Name of Contact Person

Bertran Rehabilitation Center Inc.
Firm/Company

2460 SW 137th Av Ste 242
Address

Miami, FL 33175
City/State and Zip Code

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

For further information concerning this matter, please call:

Carmen Salvador at (305) 552-1197
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2012

CARMEN SALVADOR
BELTRAN REHABILITATION CENTER, INC.
2460 SW 137TH AVENUE, SUITE 242
MIAMI, FL 33175

SUBJECT: BELTRAN REHABILITATION CENTER, INC.
Ref. Number: P05000101075

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

There is no statutory provision to file articles of correction to correct an annual report. A Statement of Change of Registered Office/Agent can be filed to correct the annual report.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 412A00016048

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DIVISION OF CORPORATIONS
2012 JUN 14 AM 8:10
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA

**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: Bethan Rehabilitation Center, Inc.
2. The principal office address: 2460 SW 13th av Ste 242
Miami, FL 33175
3. The mailing address (if different): 2460 SW 13th av Ste 242
Miami, Florida 33175
4. Date of incorporation/qualification: _____ Document number: PD5000101075
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)
Carmen F. Salvador
1800 SW 2nd St Ste 220
Miami FL 33173

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

Carmen F. Salvador
2460 SW 13th av Ste 242
Miami FL 33175

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

Carmen Salvador
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]
Signature of Registered Agent

6/12/12
Date

If signing on behalf of an entity:

Carmen Salvador
Typed or Printed Name

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