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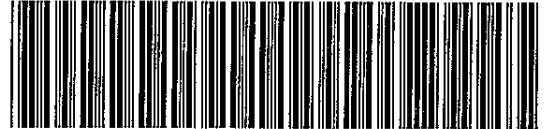
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Belle Glade Medical Rehab Group, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000104/49

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:

Randolph Rosarion M.D.  
(Name of Contact Person)

Belle Glade Medical Rehab Group, P.A.  
(Firm/Company)

83 Sands Point Rd.  
(Address)

Port Washington, N.Y. 11050  
(City/State and Zip Code)

For further information concerning this matter, please call:

Randolph Rosarion M.D. at (917) 567-7402  
(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

December 5, 2005

RANDOLPH ROSARION, MD  
BELLE GLADE MEDICAL REHAB GROUP, P.A.  
83 SANDS POINT RD.  
PORT WASHINGTON, NY 11050

SUBJECT: BELLE GLADE MEDICAL REHAB GROUP, P.A.  
Ref. Number: P05000104149

We have received your document for BELLE GLADE MEDICAL REHAB GROUP, P.A. 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6878.

Alan Crum  
Document Specialist

Letter Number: 705A00070337

RECEIVED  
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DIVISION OF CORPORATIONS

**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: Belle Glade Medical Rehab Group P.  
2. The principal office address: 83 Sands Point Rd.  
Fort Washington, N.Y. 11050  
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 7/05 Document number: PO500104149  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (PO50001041)  
Randolph Rosarion

525 SW 16th St  
Belle Glade, FLA 33430

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

Randolph Rosarion  
SOS Deerfield, SOS N.E. 20th St  
(P.O. Box NOT acceptable)  
Deerfield Beach, FL 33441

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] Randolph Rosarion M.D.  
(Signature of an officer or director) (Printed or typed name and title)  
Cowne

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] Randolph Rosarion 11/22/05  
(Signature of Registered Agent) M.D. (Date)

If signing on behalf of an entity:

Randolph Rosarion M.D.  
(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)