

P05000125814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

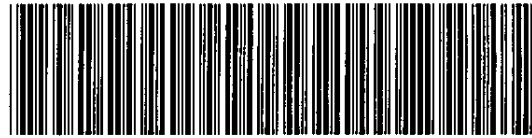
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800161027768

10/16/09--01034--024 **70.00

FILED
2009 OCT 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A.

TB

OCT 19 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AL USA REHAB CENTER CORP
(Name of Corporation)

DOCUMENT NUMBER: P05000125814

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAGOBERTO ZAMORA

(Name of Person)

(Name of Firm/Company)

6919NW77 AVE

(Address)

Miami Florida 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Cruz

(Name of Person)

at (305) 273-6060

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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: _____
2. The principal office address: AL USA REHAB CENTER, CORP.
3. The mailing address (if different): 6919 NW 77th ave
4. Date of incorporation/qualification: 09/13/2005 Document number: P05000125814
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)

Barbara L. Treto

6919 NW 77 Ave

Miami FL 33166

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

Dagoberto Zamora

6919 NW 77th ave

P.O. Box NOT acceptable

Miami Florida 33166

FILED
2009 OCT 16 AM 2:00
SECRETARY OF STATE
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 of an officer or director

Barbara L. Treto
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 of Registered Agent

10/14/2009
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)