

AUG-03-2012 FRI 03:43 AM

Division of Corporations

P. 001

Page 1 of 1

PO5000147675

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000175400 3)))



H100001754003ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2010 AUG -3 AM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
REHAB. & HEALTHCARE OF TAMPA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -3 AM 10:47

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten signature]

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REHAB. & HEALTHCARE OF TAMPA, INC
2. The principal office address: 3550 W WATERS AVE STE 280
TAMPA, FL 33614
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/03/2005 Document number: P05000147675

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)

CESAR J. GUTIERREZ

6018 N. COLLIDGE AVENUE

TAMPA FL 33614

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

NELSON HERNANDEZ MEZA

3550 W WATERS AVE STE 280


P.O. Box NOT acceptable

TAMPA, FL 33614

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.

(X)


Signature of an officer or director

NELSON HERNANDEZ MEZA

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.

(X)


Signature of Registered Agent

8/3/10
Date

If signing on behalf of an entity:

Typed or Printed Name

10 AUG -3 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FL 32314

APPROVED
AND
FILED