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

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**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.

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.

Signature of Registered Agent

8/3/10

Date

If signing on behalf of an entity:

Typed or Printed Name

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