

PO6000009414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

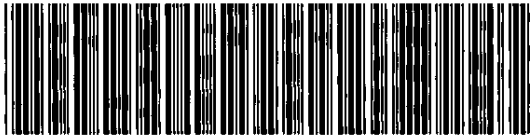
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Z Rehab Services, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** PO6000009414

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:

Zoraya Gonzalez  
Name of Contact Person

Z Rehab Services, P.A.  
Firm/Company

16370 SW 67 terrace  
Address

Miami FL 33193  
City/State and Zip Code

Zoraya.gonzalez@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zoraya Gonzalez at (786) 546-4601  
(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

**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 Rehab Services, P.A.
2. The principal office address: 16370 SW 67 terrace Miami FL  
33193
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1-23-2006 Document number: PD6000009414
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) ZORAYA Gonzalez  
613 Loire Court  
Jacksonville 71 ~~00000~~ 32259
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ZORAYA Gonzalez  
16370 SW 67 terrace  
Miami, Florida 33193  
P.O. Box NOT acceptable

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.

Zoraya Gonzalez  
Signature of an officer or director

ZORAYA Gonzalez, CEO  
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 the 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.

Zoraya Gonzalez  
Signature of Registered Agent

July 28, 2009  
Date

If signing on behalf of an entity:

ZORAYA Gonzalez  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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