

PD60000 83443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

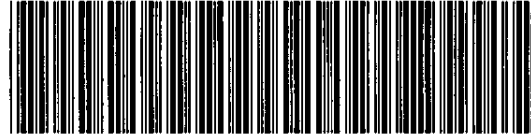
(Document Number)

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SEP 25 2015

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DRS MEDICAL REHAB INC.

Name of Corporation

**DOCUMENT NUMBER:** P06000083443

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:

PETER CHEVERE

Name of Contact Person

DRS MEDICAL REHAB INC.

Firm/Company

4932 NW 105TH DR

Address

CORAL SPRINGS, FL 33076

City/State and Zip Code

ERIKABILLING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER CHEVERE

Name of Contact Person

at ( 954 ) 802-6117

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: DRS MEDICAL REHAB INC.
2. The principal office address: 1431 N. PALM AVE  
PEMBROKE PINES, FL 33026
3. The mailing address (if different): 4932 NW 105TH DR  
CORAL SPRINGS, FL 33076
4. Date of incorporation/qualification: 06/19/2006 Document number: P06000083443
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)

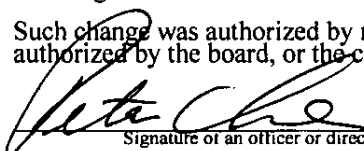
4932 NW 105TH DR  
CORAL SPRINGS, FL 33076

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

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.

  
Signature of an officer or director

PETER CHEVERE

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.*

09/16/2015

Signature of Registered Agent

Date

If signing on behalf of an entity:

DRS MEDICAL REHAB INC.

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***