

PO6000104017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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12/7/07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2007

PETER REITER  
ORLANDO TOTAL HELP & REHABILITATION  
5671-5673 VINELAND ROAD  
ORLANDO, FL 32819

SUBJECT: ORLANDO TOTAL HELP AND REHABILITATION CENTER INC.  
Ref. Number: P06000104017

We have received your document for ORLANDO TOTAL HELP AND REHABILITATION CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 207A00064610

TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
2007 NOV 14 AM 8:00

TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
2007 DEC -7 AM 8:00  
RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2007

PETER REITER  
ORLANDO TOTAL HELP & REHABILITATION  
5671-5673 VINELAND ROAD  
ORLANDO, FL 32819

SUBJECT: ORLANDO TOTAL HELP AND REHABILITATION CENTER INC.  
Ref. Number: P06000104017

We have received your document for ORLANDO TOTAL HELP AND REHABILITATION CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 707A00065845

RECEIVED  
NOV 28 AM 9:00  
CLERK OF STATE  
TALLAHASSEE, FL 32314

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orlando Total Help & Rehabilitation Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000104017

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 Reiter  
(Name of Contact Person)

Orlando Total Help & Rehabilitation Center, Inc.  
(Firm/Company)

5671-5673 Vineland Road  
(Address)

Orlando, FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Reiter at ( 407 ) 363-0686  
(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: Orlando Total Help & Rehabilitation Center, Inc.
2. The principal office address: 5671-5673 Vineland Road Orlando, FL 32819
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/09/06 Document number: P06000104017
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Peter Reiter

4048 EVANS AVE # 208

FT. MYERS, FL 33901

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

PETER REITER

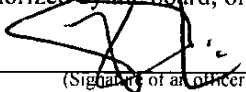
5671 - 5673 VINELAND ROAD

(P.O. Box NOT acceptable)

ORLANDO, FL 32819

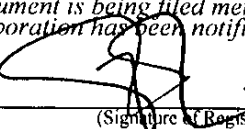
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 Reiter  
(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)

November 01, 2007  
(Date)

If signing on behalf of an entity:

Peter Reiter  
(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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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