

PO6000138376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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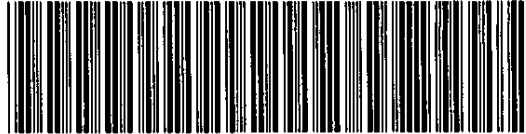
(Business Entity Name)

(Document Number)

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15 MAY 15 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 21 2015  
T. LEMMONIX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M&R THERAPY CENTER, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P06000138376

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:

MADELEYNE NADAL

Name of Contact Person

M7R THERAPY CENTER, INC.

Firm/Company

4150 N ARMENIA AVE STE 102

Address

TAMPA, FL. 33607

City/State and Zip Code

mrtherapycenter07@yahoo.com

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

For further information concerning this matter, please call:

MADELEYNE NADAL

Name of Contact Person

at ( 813 ) 877-6900

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: M&R THERAPY CENTER, INC.
2. The principal office address: 4150 N ARMENIA AVE STE 102  
TAMPA, FL. 33607
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/11/2015 Document number: P06000138376
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)

4505 N ARMENIA AVE STE 102  
TAMPA, FL. 33603

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

4150 N ARMENIA AVE STE 102  
TAMPA, FL. 33607

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.

Modelayne Scodaf  
Signature of an officer or director

Modelayne Scodaf  
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.

Modelayne Scodaf  
Signature of Registered Agent

5/12/15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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