

PD9000000699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800159215318

08/10/09--01056--001 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 PM 1:46

FILED

over 8/13/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Next Step Physical Therapy, INC
Name of Corporation

DOCUMENT NUMBER: P090000000699

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:

Joy LaRosa
Name of Contact Person

The Next Step Physical Therapy, INC
Firm/Company

405 Northlake Blvd #1056
Address

Altamonte Springs, FL 32701
City/State and Zip Code

joy noel 27@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy LaRosa at (407) 765-3358
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: The Next Step Physical Therapy, INC
2. The principal office address: 405 Northlake Blvd #1056
Altamonte Springs, FL 32701
3. The mailing address (if different): (same as above)

4. Date of incorporation/qualification: Jan 3, 2009 Document number: P09000000699

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)

615 Roberta Ave
Orlando, FL 32803

FILED
09 AUG 10 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

405 Northlake Blvd #1056
Altamonte Springs, FL 32701
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.

Joy LaRosa
Signature of an officer or director

Joy LaRosa owner
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.

Joy LaRosa
Signature of Registered Agent

8/3/09
Date

If signing on behalf of an entity:

NA
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