Division of Corporations **Electronic Filing Cover Sheet**

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Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

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REGISTERED AGENT CHANGE JD&D REHAB ASSOCIATES, INC.

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CR2H045 (03/12)

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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: JD&D REHAB ASSOCIATES, INC.	
2. The principal office address: 3137 SW 129 TERRACE MIRAMAR, FL 33027	
3. The mailing address (if different):	_
4. Date of incorporation/qualification; 02/27/2009 Document number: P09000018795	_
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)	
THE LAW OFFICES OF NICK SPRADLIN, PLLC	
12000 NORTH DALE MABRY HWY SUITE 110	
TAMPA, FL 33618	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
THE LAW OFFICES OF NICK SPRADLIN, PLLC	į
18952 NORTH DALE MABRY HWY SUITE 102	j
LUTZ, FLORIDA 33548	
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.	
RUFINO A JAIME Signature of an obliger or director Printed or typed name and title	
I hereby accept the uppointment 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.	
04/04/2013	
If signing on behalf of an entity:	
NICKOLAS J. SPRADLIN, ESQ. Typod 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