

P09000018795

Florida Department of State

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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
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REGISTERED AGENT CHANGE JD&D REHAB ASSOCIATES, INC.

Certificate of Status	0
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8/28/13

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

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)

THE LAW OFFICES OF NICK SPRADLIN, PLLC
18952 NORTH DALE MABRY HWY SUITE 102
LUTZ, FL 33548

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
13007 W. LINEBAUGH AVENUE STE 101
P.O. Box NOT acceptable
TAMPA, FLORIDA 33626

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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, on the corporation has been notified in writing of the change.



Signature of an officer or director

JAIME A. RUFINO

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

08/13/2013

Date

If signing on behalf of an entity:

NICKOLAS J. SPRADLIN

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)