

P09000043721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

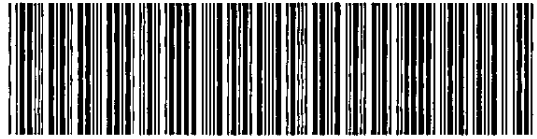
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400173959024

04/06/10--01027--001 **35.00

FILED

10 APR - 6 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chang

B. CONNELL APR 09 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Caring Physical Rehabilitation, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000043721

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:

Wylene Bhanji
Name of Contact Person

Caring Physical Rehabilitation, Inc.
Firm/Company

12058 San Jose Blvd. Suite 1004
Address

Jacksonville, FL 32223-8667
City/State and Zip Code

drbhanji@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wylene Bhanji at (904) 288-8060
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Caring Physical Rehabilitation Inc
2. The principal office address: 12058 San Jose Blvd. Suite 1004
Jacksonville, FL 32223-8667
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05-01-2009 Document number: P09000043721

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)

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

Wylene Bhanji
12058 San Jose Blvd, Suite 1004
P.O. Box NOT acceptable
Jacksonville, FL 32223-8667

FILED
10 APR - 6 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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.

Wylene Bhanji
Signature of an officer or director

Wylene Bhanji
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.

Wylene Bhanji
Signature of Registered Agent

03/31/2010
Date

If signing on behalf of an entity:

Wylene Bhanji
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)