

P11000027319

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAON 5/3/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Millenium Rehabilitation Center of South Florida, Inc
Name of Corporation

DOCUMENT NUMBER: P11000027319

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:

Yaima Lamela
Name of Contact Person

Millenium Rehabilitation Center of South Florida
Firm/Company

14750 SW 26 St, Suite 111
Address

Miami FL 33185
City/State and Zip Code

yairealtor@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaima Lamela at (786) 412 3087
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

(PAID)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2011

YAIMA LANELA
14750 SW 26 ST., STE 111
MIAMI, FL 33185

SUBJECT: MILLENIUM REHABILITATION CENTER OF SOUTH FLORIDA, INC
Ref. Number: P11000027319

We have received your document for MILLENIUM REHABILITATION CENTER OF SOUTH FLORIDA, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 511A00011303

**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: Millenium Rehabilitation Center of South Florida, Inc.
2. The principal office address: 14750 SW 26 St, Suite 111
Miami FL 33185

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/18/11 Document number: P11000027319

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)

Josepina Castillo (resigned?)
13876 SW 56 St, Suite 165
Miami FL 33175

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

Yuima Lamela
13876 SW 56 St, Suite 165
Miami FL 33175

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of an officer or director

President
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]
Signature of Registered Agent

05/18/11
Date

If signing on behalf of an entity:

Typed or Printed Name

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

(PAID)