

P110000043763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

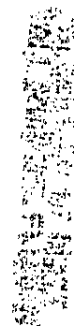
Special Instructions to Filing Officer:

Office Use Only



500214081045

11/10/11--01005--010 \*\*35.00



11 NOV 10 PM 1:59



RO 11/4/11 TC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL REHABILITATION SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P11000043763

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:

YOELIS AMARAL  
Name of Contact Person

PROFESSIONAL REHABILITATION SERVICES, INC.  
Firm/Company

11285 SW 211 ST. #201  
Address

MIAMI, FL 33189  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOELIS AMARAL at ( 305 ) 370-2882  
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: PROFESSIONAL REHABILITATION SERVICES, INC.
2. The principal office address: 11285 SW 211 STREET; STE. 201  
MIAMI, FL 33189
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 05/05/2011 Document number: P11000043763
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)

YOELIS AMARAL

11285 SW 211 ST; STE. 303

MIAMI, FL 33189

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

YOELIS AMARAL

11285 SW 211 ST; STE. 201

P.O. Box NOT acceptable

MIAMI, FL 33189

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 of an officer or director

YOELIS AMARAL  
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

11-1-2011  
Date

If signing on behalf of an entity:

Typed or Printed Name

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