

P 11000100962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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S TALLENT

SEP 29 2017

R/A-CH

SEP 29 PM 4:59

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2017

ARTENIO ACOSTA
6301 MEMORIAL HWY
STE 304
TAMPA, FL 33615

SUBJECT: NOVA-CARE REHAB SERVICES, INC
Ref. Number: P11000100962

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT CANNOT BE FILED UNTIL THE FORM IS ALL FILLED OUT.
SEE YELLOW HIGHLIGHTED AREAS.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 817A00017624

RECEIVED
SEP 28 AM 11:44
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2017

ARTENIO ACOSTA
6301 MEMORIAL HWY
STE 304
TAMPA, FL 33615

SUBJECT: NOVA-CARE REHAB SERVICES, INC
Ref. Number: P11000100962

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE FORM.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 517A00016495

RECEIVED
17 AUG 24 PM 2:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2017

ARTENIO ACOSTA
6301 MEMORIAL HWY
SUITE 304
TAMPA, FL 33615

SUBJECT: NOVA-CARE REHAB SERVICES, INC
Ref. Number: P11000100962

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE USE THE ATTACHED FORM TO CHANGE REGISTERED AGENTS
FOR YOUR CORPORATION.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 617A00015230

17 AUG -7 PM 1:03
SUSAN TALLENT
REGULATORY SPECIALIST II

EOP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOVA CARE Rehab SERVICES INC
Name of Corporation

DOCUMENT NUMBER: P-11000100962

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:

ARTENIO ACOSTA
Name of Contact Person

At. Co
Firm/Company

6301 MEMORIAL HWY STE - 304
Address

TAMPA, FLORIDA 33615
City/State and Zip Code

NOVACARE INC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTENIO ACOSTA at (813) 888-6222
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: NOVA-CARE REHAB SERVICES, INC
2. The principal office address: 6301 MEMORIAL HWY STE 304
TAMPA, FL 33615
3. The mailing address (if different): (SAME ADDRESS)
4. Date of incorporation/qualification: 5/15/17 Document number: P-11000100962
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)

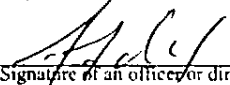
Aguila Perez, Yuriano
6301 Memorial Hwy Suite 304
Tampa, FL 33615

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

Artenio Acosta
6301 Memorial Hwy Suite 304
P.O. Box NOT acceptable
Tampa, FL 33615

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

Artenio Acosta 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 of Registered Agent

9/25/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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