

PI2000047225

(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



600292526106

11/23/16--01010--003 **35.00

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS
2016 NOV 23 AM 10:03

NOV 29 2016
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allied Health & Rehab
Name of Corporation

DOCUMENT NUMBER: P12000047225

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:

Martine Charles
Name of Contact Person

Allied Health & Rehab
Firm/Company

177 Salem Court
Address

Tallahassee, FL 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

Martine Charles at (678) 637-3416
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: Allied Health & Rehab, Co.
- 2. The principal office address: 177 Salem Court
Tallahassee, Fl 32301
- 3. The mailing address (if different): 177 Salem Court
Tallahassee, Fl 32301
- 4. Date of incorporation/qualification: 5/22/2012 Document number: P12000047225
- 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)

842 E. Park Ave
Tallahassee, Fl 32301
Allied Health & Rehab

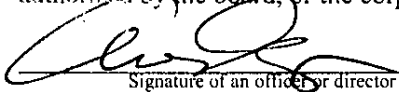
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Martine Charles
177 Salem Court
P.O. Box NOT acceptable
Tallahassee, FL 32301

FILED
 DEPT. OF STATE
 DIVISION OF CORPORATIONS
 2016 NOV 23 AM 10:03

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

Martine Charles
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

11/09/2016
Date

If signing on behalf of an entity:

Martine Charles
Typed or Printed Name

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