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C T CORPORATION SY	/STFM	622.00
Requestor's Name		9
660 East Jefferson Address Tallahassee, Flori		800002221578
City State Zip	Phone	-06/24/9101063 001 *****35.00 ******35.0
CORPORAT	ION(S) NAME	
Premier Kehabilitati	ion Centers of Florida, Es	
() Profit () NonProfit ) Limited Liability Compa	() Amendment	() Merger
() Foreign	() Dissolution/Withdra	wal () Mark
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	() Other () Change of R.A.
() Limited Liability Partn () Certified Copy	() Photo Copies	() Fictitious Name () CUS
( ) Call When Ready ( )-₩7alk In ( ) Mail Out	( ) Call if Problem ( ) Will Wait	() After 4:30 () Pick Up
Name Avallability Document	6/24/97	PLEASE RETURN EXTRA COPY(S) FILE STAMPED :
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CR2E031 (1-89)

Walk IN 6/25



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Karen, Please back date Trianks

June 24, 1997

CT CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: PREMIER REHABIILITATION CENTERS OF FLORIDA, INC.

Ref. Number: P24255

We have received your document for PREMIER REHABILITATION CENTERS OF 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):

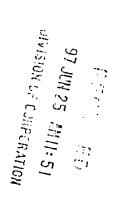
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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 (904) 487-6880.

Karen Gibson Corporate Specialist

Letter Number: 797A00033448



## Florida Department of State, Jim Smith, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of <a href="Delaware">Delaware</a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Premier Rehabilitation Centers of Florida. Inc.		
b. Date of incorporation April 2	26, 1989 Document number P24255	
. The name and address of the cu	urrent registered agent and office:	
	SET P	
. The name and address of the new (P.O. Box Not Acceptabl	w registered agent and office: 72 72 72 73 74 75 75 75 75 75 75 75 75 75 75 75 75 75	
c/o C T CORPORATION SYSTEM, 120	200 South Pine Island Rd., Plantation, Florida 33324	
such change was authorized by results of the board of the	solution duly adopted by its board of directors or by rd.  Ralph G. Gronefeld, Jr. Vice Wesident Typed or printed name and title	
PROCESS FOR THE ABOVE STATE N THIS CERTIFICATE, I HEREBY A AGENT AND AGREE TO ACT IN TH WITH THE PROVISIONS OF ALL ST		
	C T CORPORATION SYSTEM SIGNATURE BY: Lacoch	
	(Registered Agent) Carol Record, A	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) FILING FEE: \$35.00