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To:

Division of Corporations

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Account Name

: CORPORATION SERVICE COMPANY

Account Number :

120000000195

Phone

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Fax Number

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Cindy HARIB

REGISTERED AGENT CHANGE

SUNDANCE REHABILITATION CORPORATION

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7/30/2007 chs

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	of 607.1508, or 617.1508, Florida Statutes, this red under the laws of the State of Connecticut red agent, or both, in the State of Florida.		
1. The name of t	he corporation: SUNDANCE REHABILIT	ATION CORPORATION		
2. The principal	office address:nue NE, Albuquerque, NM 87109			•
3. The mailing a	ddress (if different):			•
4. Date of incom	oration/qualification: 07/14/1992	Document number: P39686		•
	street address of the current registered age traent of State:	ent and registered office on file with the		
•	NRAI Services, Inc.			
	2731 Executive Park Drive, Suite 4			
	Weston, FL 3331			
6. The name and (if changed):	street address of the new registered agent Corporation Service Company		07	3S Sivid
	1201 Hays Street		چ	SE
	(P.O. Box NOT acceptable)		پي	A A
	Tallahassee, FL 32301		<u>ب</u>	13 C
The street addre	ss of its registered office and the street ac be identical.	dress of the business office of its registered agent,	07 JUL 30 AH 10: 09	ARY OF ARISTICALS
Such change wa authorized by th	s authorized by resolution duly adopted t e board, or the corporation has been notif	by its board of directors or by an officer so fied in writing of the change.	9	SHUL
May	e of an officer or operator	Maureen Cullen, Attorney In Fact (Finish or typed name and title)		
I hereby accept if further agree to of my duties, and accument is bein corporation has	he appointment as registered agent and a comply with the provisions of all statute if any familiar with and accept the obligg filed merely to reflect a change in the toben notified in writing of this change.	agree to act in this capacity, as relative to the proper and complete performance that of my position as registered agent. Or, if this registered office address, I hereby confirm that the	?	
By: Them	Service Company	7/3407		
	ature of Registered Ageon)	(Dute)		
If signing on bel				
Elizabeth A. Daw	pon, Assistant VP pod or Princed Name)			
` -				

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)