

P9300003209

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
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**REGISTERED AGENT CHANGE
REHABILITATION MEDICAL GROUP, INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rehabilitation Medical Group, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P93000003209

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:

Alison L. Miller

(Name of Contact Person)

Surgery Partners

(Firm/Company)

333 W. Wacker Drive, Suite 1010

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Alison L. Miller at (312) 780-3268

(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: Rehabilitation Medical Group, Inc.

2. The principal office address: 100 W Gore Street, Suite 500, Orlando, FL 32806

3. The mailing address (if different):

4. Date of incorporation/qualification: 1/11/93 Document number: P9300000320

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael J Creamer DO
100 W. Gore Street, Suite 500
Orlando, FL 32806

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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.

John W. Laurence Jr.
(Signature of an officer or director)

John W. Laurence Jr. Senior VP
(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.

By: Sheryl A. Gibbs
(Corporation Service Company)
(Signature of Registered Agent)

11/2/11
(Date)

If signing on behalf of an entity:
Sheryl A. Gibbs, Asst. VP
(Typed or Printed Name)

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