P95000065170

RT & Rehab Mgmt
14838 S Military Tr
Delray Bch, FL 33484

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -3 PM 12:13

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ _____
(Corporation Name) (Document #)

2. _____ _____
(Corporation Name) (Document #)

3. _____ _____
(Corporation Name) (Document #)

300003428623--4
-10/18/00--01048--012
*****35.00 *****35.00

4. _____ _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RA Chg.

V. SHEPARD NOV 8 2000

Examiner's Initials

CR2E031(7/97)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 26, 2000

PHYSICAL THERAPY AND REHAB. MGMT., INC.
14838 S. MILITARY TRAIL
DELRAY BEACH, FL 33484

SUBJECT: PHYSICAL THERAPY AND REHABILITATION MANAGEMENT, INC.
Ref. Number: P95000065170

We have received your document for PHYSICAL THERAPY AND REHABILITATION MANAGEMENT, 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):

* A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 600A00055912

* please note name of Registered agent entered in block 5 of Statement of Change

RECEIVED
00 NOV -3 AM 8:15
DIVISION OF CORPORATIONS

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 Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

FILED
00 NOV -3 PM 12:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. The name of the corporation: Physical Therapy and Rehabilitation Management, Inc

2. The mailing address of the corporation: 14838 S. Military Tr
Delray Bch, FL 33484

3. Date of incorporation/qualification: 1995 Document number: P95000065170

4. The name and address of the current registered agent and registered office:

Bruce Butler
7101 W McNab rd #103
Tamarac FL 33321

New R.A. Lloyd Glantz

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

c/o Physical Therapy and Rehabilitation Management
14838 S Military Tr
Delray Bch, FL 33484

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.

(Signature of an officer, chairman or vice chairman of the board) 10/16/00 (Date)

Jeffrey L Stanger V Pres
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent) 10/16/00 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

CR2E045(8/99)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314