

P96000065512

FILED
SECRETARY OF
DIVISION OF CORPORATIONS
02 NOV 12 PM 3:39

(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



300008873043

11/12/02--01069--008 **35.00

QA Chg.

V SHEPARD NOV 19 2002

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM BEACH PHYSIOTHERAPY AND FAMILY MEDICINE INC.
(Name of corporation)

DOCUMENT NUMBER: P96000065512

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:

DONNA KENT
(Name of person)

K&K ACCOUNTING
(Name of firm/company)

2825 N University Dr #410
(Address)

Coral Springs FL 33065
(City/state and zip code)

For further information concerning this matter, please call:

DONNA KENT at (954) 752-3909
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Palm Beach Physiotherapy and Family Medicine, Inc.
2. The principal office address: 19801 Hampton Dr. Suite 102
BOCA RATON FL 33434 US
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/5/1996 Document number: P96000005512
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOSE BARRIOS
7391 OAKBROOK DR
LAKE WORTH FL 33467

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

Anthony Mannarino
9578 New Waterford Cove
(P.O. Box or personal mailbox NOT acceptable)
Delray Beach FL 33446

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, chairman or vice chairman of the board)

JOSE BARRIOS OFFICER
(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)

10/23/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 12 PM 3:39