

P97000018516

MARIELA M. FRASER

Requestor's Name

2446 B RYAN PL

Address

Tallahassee FL 32308

City/State/Zip

Phone #

668-3796

Office Use Only

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

700002332667--4

-10/29/97--01078--007

*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 OCT 29 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Charge

10-29-97

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 Florida 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: FLORIDA REHAB MANAGEMENT, INC.

1b. Date of incorporation 02/27/1997 Document number P97000018516

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

Lazarus Rothstein, Esq.

11077 Biscayne Boulevard, PH, Miami, FL 33161

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Frederick Kunen, M.D.

11900 Biscayne Boulevard, Suite 805, Miami, FL. 33181

The street address of its registered agent 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.

x Frederick Kunen M.D.
SIGNATURE
10/21/97
DATE

Frederick Kunen, President/Director
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 x Frederick Kunen M.D.
(Registered Agent)
DATE 10/21/97

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