

P97000045404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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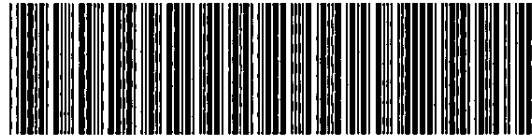
(Business Entity Name)

(Document Number)

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07 MAY 11 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change  
C. Goullette MAY 16 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Medical Rehab, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000045404

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:

Shelley Elebash

(Name of Contact Person)

American Medical Rehab

(Firm/Company)

4545-2 St Augustine Rd

(Address)

Jacksonville FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Shelley Elebash

(Name of Contact Person)

at ( 904 ) 731 0110

(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Medical Rehab, Inc.
2. The principal office address: 4545-2 St Augustine Rd  
Jacksonville, FL 32207
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/20/1997 Document number: P97000045404
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John C Terrell IV  
4545-2 St Augustine Rd  
Jacksonville, FL 32207

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

Harold Gear  
4545-2 St Augustine Rd  
(P.O. Box NOT acceptable)  
Jacksonville, FL 32207

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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]  
(Signature of an officer or director)

Harold E. Gear President  
(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]  
(Signature of Registered Agent)

5/9/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed 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)