

P97000052276

(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



200020690192

06/18/03--01016--011 **35.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

03 JUN 18 AM 11:00

FILED

Ps 6/23/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAROLINA REHAB, INC.
(Name of corporation)

DOCUMENT NUMBER: P97000052276

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:

JOEL MORRISON, ESQ.
(Name of person)

CAROLINA REHAB, INC.
(Name of firm/company)

1501 NW 49 STREET, SUITE 200
(Address)

FT. LAUDERDALE, FL 33309
(City/state and zip code)

For further information concerning this matter, please call:

JOEL MORRISON at (954) 938-3770, EXT. 104
(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

FILED
03 JUN 18 AM 11:00
LIBRARY OF STATE
TALLAHASSEE, FLORIDA
00055276

1. The name of the corporation: CAROLINA REHAB, INC.

3. The mailing address (if different): P. O. BOX 5208, FT. LAUDERDALE, FL 33310

4. Date of incorporation/qualification: 06-12-1997 Document number: P970005276

LEONARD K. SAMUELS, ESQ.

350 EAST LAS OLAS BLVD., SUITE 1000

FORT LAUDERDALE, FL 33301

JOEL MORRISON, ESQ.

1501 NW 49 STREET, SUITE 200

(P.O. Box or personal mailbox **NOT** acceptable)

FT. LAUDERDALE, FL 33309

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.

WILLIAM GUTHRIE

(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)

6-16-63
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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