

P97000060525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

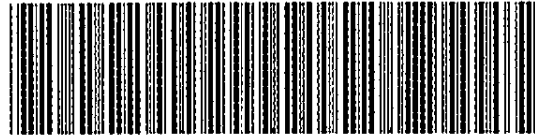
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300351880903

09/15/20--01002--023 **35.00

RECEIVED

SEP 14 2020

2020 SEP 14 PM 1:10
CLERK OF STATE
TALLAHASSEE, FL

JQ 10/20/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL REHAB ORTHOPEDIC LABS INC.
Name of Corporation

DOCUMENT NUMBER: P97000060525

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:

MARK C THIGPEN

Name of Contact Person

PROFESSIONAL REHAB ORTHOPEDIC LABS INC.

Firm/Company

8401 WEST McNAB RD

Address

TAMARAC FL 33321

City/State and Zip Code

CUSTOMFITPROLABS@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK C THIGPEN

at (954) 644-9248

Name of Contact 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: PROFESSIONAL REHAB ORTHOPEDIC LABS INC.
2. The principal office address: 8401 WEST McNAB RD TAMARAC FL 33321
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 07-11-1997 Document number: P97000060525
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TAMARAC FL 33321

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

P.O. Box NUT acceptable

CORAL SPRINGS FL 33071

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 or director

MARK C THIGPEN

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

09-08-2020

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 (04/13)

FILED
2020 SEP 14 PM 1:10
CLERK OF STATE
TALLAHASSEE, FL