

P97000094759



ACCOUNT NO. : 072100000032

REFERENCE : 519130 7168759

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pizito

ORDER DATE : December 16, 1999

ORDER TIME : 9:46 AM

ORDER NO. : 519130

CUSTOMER NO.: 7168759

600003073656--9

CUSTOMER: Mr. Richard S. Daniels
Mr. Richard S. Daniels
21 S.w. Riverway Blvd.

Palm City, FL 34990

CHANGE OF AGENT

NAME: AUSTIN MEDICAL REHAB, INC.

FILED
99 DEC 17 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

RA change

T. LEWIS DEC 17 1999

RECEIVED
99 DEC 17 AM 11:02
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: AUSTIN MEDICAL REHAB, INC.
2. The mailing address of the corporation is: 602 HARRISON AVENUE, SUITE B, PANAMA CITY, FL 32401
3. Date of incorporation/qualification: 11-03-97 Document number: _____
4. The name and address of the current registered agent and office:

BAUMAN REID

3613 Highway 231

PANAMA CITY, FL 32404

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

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

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.

Richard S. Daniels
(Signature of an officer, chairman or vice chairman of the board)

SEPTEMBER 13, 1999
(Date)

RICHARD S. DANIELS, PRESIDENT

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

By: Remond W. Jones

(Signature of Registered Agent)

12-16-99
(Date)

If signing on behalf of an entity:

Remond W. Jones

(Typed or Printed Name)

Asst VP
(Capacity)

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