

P97000107531

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
ORTHOPEDIC REHAB SPECIALTY CLINICS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

RA Change

06/23/03

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

1. The name of the corporation: Orthopedic Rehab Specialty Clinics, Inc.
2. The principal office address: 333 N. 1st Street, STE 210, Jacksonville Beach, Florida 32250
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/23/1997 Document number: P97000107531
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William R. Tarbart
333 N. 1st Street, STE 210
Jacksonville Beach, Florida 32250
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert H. Pritchard, Esquire
1301 Riverplace Boulevard, Suite 1500
(P.O. Box or personal mailbox NOT acceptable)
Jacksonville, Florida 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, chairman or vice chairman of the board)

WILLIAM R. TARBAR, OWNER
(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)

June 20, 2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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

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