## 00200005994

CORRECTIVE HEALTH & REHADILITATIVE SERVICES INC. 6536 WEST ATLANTIC BLVD
MARGATE, FL, 33063

200005728732--E -06/10/02--01061--018 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	(Corporation Name)	(Document #)	
2.	•	(Document #)	7
۷.	(Corporation Name)	(Document #)	; 
3.	(Corporation Name)	(Document #)	, <u>-</u> .
4.	(Corporation Name)	(Document #)	<u></u>
	☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status	**
j	NEW FILINGS	AMENDMENTS	Action in .
	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
9	OTHER FILINGS	REGISTRATION/QUALIFICATION	7
	Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)

## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2),
Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the
State of submits the following statement in order
to change the registered office in Florida.
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1. The name of the corporation: CORRECTIVE HEALTH & REHABILITATIVE
SERVICES INC.
2. The street address of the current registered office:
7378 W. AHAUTIE BIVD # 204
MARGHTE, FL 33063
3. The street address of the new registered office:
6536 W. Atlanoc Blo
MARGATE FL 33063
The corporation has been notified in writing of this change.
The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.
Date: 6.6.02
Robert Sold ROBERT GOLASTEIN
(Signature of Registered Agent) (Printed or Typed Name)

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