

P98000010805

Southeast Medical  
7378 W. Atlantic Blvd #312  
Margate, FL 33063

City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

400002654074--6  
-10/02/98--01028--009  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RA Change  
10-6-98  
DWS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 OCT -2 AM 11:51

APPROVED  
AND  
FILED

Examiner's Initials

**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 Florida 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: Broward Rehab Associates, INC.
2. The mailing address of the corporation is: 7378 West Atlantic Blvd #312  
Margate, FL 33063
3. Date of incorporation/qualification: Feb 2, 1988 Document number: P98000010805
4. The name and address of the current registered agent and office:

- John S McCoy  
1750 University Dr #231  
Coral Springs, FL 33071
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Kevin McCoy  
7378 West Atlantic Blvd #312  
Margate, FL 33063

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

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.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

6/1/98  
(Date)

Kevin McCoy Pres.  
(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.

[Signature]  
(Signature of Registered Agent)

6/1/98  
(Date)

If signing on behalf of an entity:

Kevin McCoy  
(Typed or Printed Name)

Pres  
(Capacity)

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