

LAW OFFICES OF  
AVELINO J. GONZALEZ, ESQ.

6780 CORAL WAY LAW CENTER  
MIAMI, FLORIDA 33155  
TELEPHONE: (305) 261-4000  
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August 30, 1999

P98000057861

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

800002977388--6  
-09/02/99--01081--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Miami Dade Rehabilitation Center, Inc.

Dear Sir/Madam:

Enclosed please find the original Statement of Change and a copy to be stamped. Enclosed please also find a check in the amount of \$35.00 for the incorporation of the above mentioned corporation.

Should you have any questions, please do not hesitate to contact our offices.

Sincerely yours,

  
Avelino J. Gonzalez, Esq.

FILED  
99 SEP 20 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-21 file  
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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 7, 1999

AVELINO J GONZALEZ ESQ  
6780 CORAL WAY LAW CENTER  
MIAMI, FL 33155

SUBJECT: MIAMI-DADE PHYSICAL REHABILITATION, INC.  
Ref. Number: P98000057861

RECEIVED  
99 SEP 20 AM 9:01  
DIVISION OF CORPORATIONS

We have received your document for MIAMI-DADE PHYSICAL REHABILITATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation").

The registered agent must sign accepting the designation.

The document must contain a statement that the street address of the registered office and the street address of the business office of its registered agent, as changed, will be identical.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut  
Corporate Specialist

Letter Number: 099A00044147

**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: Miami-Dade Physical Rehabilitation, Inc.

2. The mailing address of the corporation is: 1840 West 49 Street, Suite 310,  
Hialeah, FL 33012

3. Date of incorporation/qualification: June 26, 1998 Document number: \_\_\_\_\_

4. The name and address of the current registered agent and office: \_\_\_\_\_

WALTER LA MENDOLA  
14417 SW 45 TERRACE  
MIAMI, FL 33175

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

Angel Cancelo  
1840 West 49 Street, Suite 310,  
Hialeah, FL 33012

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)

09/15/99  
(Date)

Angel Cancelo, 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.

[Signature]  
(Signature of Registered Agent)

09/15/99  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

FILED  
99 SEP 20 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA