

P99000020131

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rehabilitation Specialty Center, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P99000020131

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Barrie  
(Name of contact person)

Rehabilitation Specialty Center  
(Firm/Company)

951 NW 13<sup>th</sup> Street Suite 4D  
(Address)

Boca Raton, FL 33486  
(City/state and zip code)

For further information concerning this matter, please call:

Barbara Barrie at (561) 392-5515  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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

1. The name of the corporation: Rehabilitation Specialty Center, Inc.
2. The principal office address: 951 NW 13th Street, Suite 4D  
Boca Raton, FL 33486
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 1, 1999 Document number: P990000220131
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Barbara Barrie  
880 NW 13th Street Suite 2A  
Boca Raton, FL 33486

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Barbara Barrie  
951 NW 13th Street Suite 4D  
(P.O. Box NOT acceptable)  
Boca Raton, FL 33486

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DIVISION OF CORPORATIONS  
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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.

Barbara Barrie  
(Signature of an officer or director)

Barbara Barrie - President  
(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.*

Barbara Barrie  
(Signature of Registered Agent)

8/25/04  
(Date)

If signing on behalf of an entity:

Barbara Barrie - President  
(Typed or Printed Name)

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

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