# JU25626 Florida Department of State

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#### FLORIDA DEPARTMENT OF STATE Glends E. Hood Socretary of State

September 19, 2003

KESSLER REHABILITATION OF FLORIDA, INC. 300 EXECUTIVE DRIVE WEST ORANGE, NJ 07052

SUBJECT: KESSLER REHABILITATION OF FLORIDA, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	<del>-</del>	change its regis	stered office or registered agent, or bo
the State of		4 hat. F	
1. The name	of the corporation: Kessler Reha	bilitation of Florid	a, Inc.
7 m		GO Date di Poin	N
2. The man	ing address of the corporation: 3	nn Execusivé ruin	e, west Change, MI 07032
3. Date of	ncorporation/qualification: 3/19/	99	Document number: P99000025626
4. The name	and address of the current regis	tered agent and	office:
	F & L Corp.	<u> </u>	<u></u>
	The Greenless Building, 3rd Floo	r, 200 Laure Stree	<u> </u>
	Jacksonville, FL 32201-0240		
5. The name		ed agent (if char Box Not Accep	iged) and/or registered office (if change stable)
	C T Corporation System		
	n/o C T Corporation System, 1206	South Pine Island	Road,
	Plantation, Florida 33324		
The street a agent, as ch	ddress of its registered office an anged, will be identical.	d the street add	ress of the business office of its regist
Such chang authorized t	was authorized by resolution dry the board.	uly adopted by	its board of directors or by an officer
Mod	laft den-		9/9/03
(Signa	ure of an officer, chairman or vice chairm	an of the board)	(Date)
Micha	2 E. Tarvin Vice Press	lent & Secre	etany
	· · · · · · · · · · · · · · · · · · ·	,	
corporation	I hereby accept the appointmen	t as registered	ice of process for the above stated agent and agree to act in this capacit relative to the proper and complete of the obligation of my position as
oerjormance	ee w coempy with the provision of my duties, and I am familian	r vj au statutes ' with and accer	recanve to the proper and complete of the obligation of my position as
registered a CT Corporati	gent.		
er curpoisu. By:	Tanes Ne		9/17/03
	(Signature of Registered Agent)		(Date)
if signing on b	shalf of an entity:	JAMES NEV CIAL ASSISTAN	WSOME IT SECRETARY
	(Typed or Printed Name)	<del></del>	(Capacity)
	* * * FILI	NG FEE: \$35.	00 * * *
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