

PP9000079974

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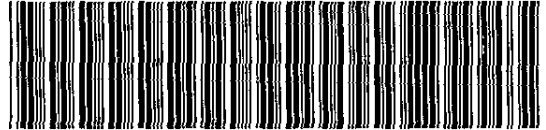
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APF  
10/29/02

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THERAPEUTIX REHAB & EQUIPMENT SERVICES INC.  
(Name of corporation)

DOCUMENT NUMBER: P99000079974.

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:

PATRICIA A SKINNER  
(Name of person)

THERAPEUTIX REHAB & EQUIPMENT SERVICES INC.  
(Name of firm/company)

P.O. BOX 771028,  
(Address)

OCALA, FL. 34477  
(City/state and zip code)

For further information concerning this matter, please call:

PATRICIA SKINNER at (352) 351-9007  
(Name of 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Therapeutic Rehab & Equipment Services Inc

2. The principal office address: 3325 East Silver Springs Blvd  
Ocala Florida 34470

3. The mailing address (if different): P.O. Box 771028  
Ocala Florida 34470

4. Date of incorporation/qualification: Sept 2 1999 Document number: P999 49914

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Norman Lee Buford Jr.  
21449 NE 130 Ct Rd.  
Orange Springs Fl. 32182

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

Patricia A. Skinner  
3325 East Silver Springs Blvd  
(P.O. Box or personal mailbox NOT acceptable)  
Ocala Fl 34470

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.

Patricia A. Skinner  
(Signature of an officer, chairman or vice chairman of the board)

Patricia A Skinner P.T.S  
(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.*

Patricia A. Skinner  
(Signature of Registered Agent)

Oct 29, 2002  
(Date)

If signing on behalf of an entity:

Therapeutic Rehab & Equipment Services Inc. P.T.S.  
(Typed or Printed Name) (Capacity)

\*\*\* 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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE