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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

Ki sa

	(Name of co	rporation)	`		,	
DOCUMENT NUMBER: P99000	091804	.				
The enclosed Statement of Change of	f Registered Off	ice/Agent ar	nd fee are subm	itted for fil	ing.	
Please return all correspondence con	cerning this matt	er to the fol	lowing:			
ALAN GREENFIELD, ESQ. (Name of person	n)	<u>31</u>	, e		0	<u>.</u> <u></u>
LAW OFFICES (Name of firm/com	pany)	<u> </u>			3 SEP 2	
15105 NW 77 AVENUE, SUITE 303		<u> </u>	· · · -		SSEE	3 50
(Address) MIAMI LAKES, FL 33014 (City/state and zip of	code)	16.			FLORIDA	2: 55
For further information concerning t	his matter, please	call:				
WILLIAM GUTHRIE (Name of person)	at (9	54) 9	38-3770 ytime telephone	number)		e week of the

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

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

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

4 4 4

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo	orida Stat	tutes,
this statement o	of change is submitted for a corporation organized under the laws of the St in order to change its registered office or registered agent, or bot	•	State
of Florida.			÷ .
	the corporation: WEST SHORE REHAB, INC.		
2. The principa	office address: 6604 US HIGHWAY 19 N, NEW PORT RICHEY, FL 34652		<u></u>
·	<u> </u>	· 	. i.
3. The mailing	address (if different): P. O. BOX 5208, FT. LAUDERDALE, FL 33310	·	
		÷.,	, ; ``
4. Date of incor	poration/qualification: 09/30/1999 Document number: P990	00091804	<u> </u>
	d street address of the current registered agent and registered office on file atment of State:	with the	
	JOEL MORRISON, ESQ.		
	1501 NW 49 STREET, SUITE 200		
	FT. LAUDERDALE, FL 33309		
6. The name as changed):	nd street address of the new registered agent (if changed) and /or regist	ered offic	e (if
	ALAN GREENFIELD, ESQ.		•
	15105 NW 77 AVENUE, SUITE 303		
	(P.O. Box or personal mailbox NOT acceptable) MIAMI LAKES, FL 33014		
The street addr	ess of its registered office and the street address of the business office of ed will be identical.	its regista	ered
-			
authorized by ti	as authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.		
Signature of an office	WILLIAM GUTHRIE, PRES. T, chairman of vice chairman of the board) (Printed or typed name and title)	`	
l turther aoree	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comply with the proper and comply with and accept the obligation of my position. Or, if this document is being filed merely to reflect a change in the region of the comply confirm that the corporation has been notified in writing of this	omplete on as gistered change.	
Mul	la freg 8/10/03		,
,	ignature of Registered Agent) (Date)	Z.	ස
if signing on beha	is of an entity:		438
(Typed or Printed Name) (Capacity)	\$ \$	FIL 22
	* * * FILING FEE: \$35.00 * * *	<u> </u>	,
	Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	LORI	ED PH 2: 55