

F01000004441

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A PROFESSIONAL CORPORATION

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*Of Counsel

September 18, 2002

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

600007893826--7
-09/20/02--01044--013
*****35.00 *****35.00

RE: Fuller Rehabilitation and Consulting Services, Inc.

To Whom It May Concern:

Enclosed please find a check in the amount of \$35.00 for filing fees along with the completed Statement of Change of Registered Office or Registered Agent or Both for Corporations Form. If you have any questions, please do not hesitate to contact us.

Very truly yours,

Angela Schaefer
Angela M. Schaefer

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Enclosures

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02 SEP 20 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/26/02
RAIRO
change
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Gave OK to
correct
named corp.
SP

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

1. The name of the corporation: Fuller Rehabilitation & Consulting Services, Inc.
2. The principal office address: 37 Hidden Trace Drive
Ringgold, Georgia 30736
3. The mailing address (if different): P. O. Box 615
Ringgold, Georgia 30736
4. Date of incorporation/qualification: 8/17/2001 Document number: F01000004441
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Jeff West
2285 E. Moody Blvd.
Coastal Center, Suite 206
Bunnell, FL 32110
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Michael O'Rourke
2110 Ocean Shore Blvd.
Suite A
Ormond Beach, FL 32176

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

9-12-02
(Date)

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. Of, 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.

[Signature]
(Signature of Registered Agent)

9-12-02
(Date)

If signing on behalf of an entity:

(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