

L48314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200038342622

06/29/04--01067--002 \*\*35.00

*RA change  
Tanner*

FILED  
04 JUN 29 11:13



June 24, 2004

FLORIDA SECRETARY OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **REHABILITATION AND RECOVERY, INC.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #7276 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

A handwritten signature in black ink, appearing to read "M. Simmons".

Myra Simmons  
Registered Agent Services  
Enclosures

PO BOX 1831  
AUSTIN, TX 78767

**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: REHABILITATION AND RECOVERY, INC.
2. The principal office address: 6667 SW 49 STREET, DAVIE, FL 33314
3. The mailing address (if different): 8122 DATAPOINT DR., SUITE 1000, SAN ANTONIO, TX 78229
4. Date of incorporation/qualification: 2/21/1990 Document number: 48314

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

BARTH A GREEN

620 SABAL PALM ROAD

MIAMI, FL 33137

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

CAPITOL CORPORATE SERVICES, INC.

1333 NORTH DUVAL ST.

(P.O. Box or personal mailbox NOT acceptable)

TALLAHASSEE, FL 32303

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 of an officer or director)

DANIEL E. LEININGER, 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.

  
(Signature of Registered Agent)

June 24, 2004  
(Date)

If signing on behalf of an entity:

Delanie Case  
(Typed or Printed Name)

Asst. Sec.  
(Capacity)

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

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

FILED  
JUN 29 11:13  
04