148314

| (Re | questor's Name) | |
|---|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

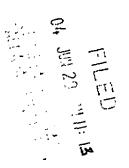
Office Use Only



200038342622

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

RA change Tikuin





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 #7276in 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,

Myra Simmons

Registered Agent Services

M. Stamors

Enclosures

PO BOX 1831 AUSTIN, TX 78767

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

| change is submitted for a corporation organized under the | • |
|---|---|
| to change its registered office or registered agent, or both, | · |
| 1. The name of the corporation: REHABILITATION AND | RECOVERY, INC. |
| 2. The principal office address: 6667 SW 49 STREET, D. | AVIE, FL 33314 |
| 3. The mailing address (if different): 8122 DATAPOINT I | DR., SUITE 1000, SAN ANTONIO, TX 78229 |
| 4. Date of incorporation/qualification: 2/2/1990 | Document number: 48314 |
| The name and street address of the current registered age Florida Department of State; | ent and registered office on file with the |
| BARTH A GREEN | |
| 620 SABAL PALM ROAD | |
| MIAMI, FL 33137 | |
| 6. The name and street address of the new registered agent (if changed): | (if changed) and /or registered office |
| CAPITOL CORPORATE SERVICES, IN | |
| 1333 NORTH DUVAL ST. | |
| (P.O. Box or personal man | ilbox NOT acceptable) |
| TALLAHASSEE, FL 32303 | |
| The street address of its registered office and the street ac changed will he identical. | ddress of the business office of its registered agent, as |
| Such change was authorized by resolution duly adopted the board, or the corporation has been notified in writing | by its board of directors or by an officer so authorized by of the change. |
| (Signature of an officer or director) | DANIEL E. LEININGER, PRESIDENT (Printed or typed name and title) |
| hereby accept the appointment as registered agent and further agree to comply with the provisions of all statute tuties, and I am familiar with and accept the obligation of the period merely to reflect a change in the registered of the potified in writing of this change. | agree to act in this capacity. es relative to the proper and complete performance of my of my position as registered agent. Or, if this document is fice address, I hereby confirm that the corporation has |
| Delanie Case | Qure 24, 2004 |
| (Signature of Registered Agent) f signing on behalf of an entity: | (Date) |
| | |
| Delanie Case (Typed or Printed Name) | Asst. Sec. (Capacity) |

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