

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000101717

FILED
Jan 03, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA MEDICAL & REHAB CENTER, INC.

Current Principal Place of Business:

1159 E. ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

1088 E. ALTAMONTE DR
SUITE 103
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1159 E. ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

1088 E. ALTAMONTE DR
SUITE 103
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 13-4264398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDRA, VAZQUEZ
1676 GRAND OAK CT
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANDRA VAZQUEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAZQUEZ, FIDEL
Address: 1159 E. ALTAMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VP (X) Delete
Name: VAZQUEZ, SANDRA
Address: 1676 GRAND OAK CT
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VAZQUEZ, SANDRA
Address: 1676 GRAND OAK CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA VAZQUEZ

Electronic Signature of Signing Officer or Director

P

01/03/2006

Date