## 2019 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P18000083178

Entity Name: REHAB SPECIALIST OF LEE CORP

**Current Principal Place of Business:** 

6120 WINKLER RD, SUITE G

FORT MYERS, FL 33919

**Current Mailing Address:** 

6120 WINKLER RD, SUITE G

FORT MYERS, FL 33919 US

FEI Number: 83-2174010 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOZADA, GABRIEL 18048 CYPRESS POINT RD FORT MYERS, FL 33967 US

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: GABRIEL LOZADA 12/18/2019

Electronic Signature of Registered Agent

Date

FILED Dec 18, 2019

**Secretary of State** 

8338821582CR

## Officer/Director Detail:

Title F

Name LOZADA, GABRIEL Address 6120 WINKLER RD.

City-State-Zip: FORT MYERS FL 33967

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail