2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2010
Secretary of State

DOCUMENT# F08000003319

Entity Name: FULLER REHABILITATION & CONSULTING SERVICES, INC.

Current Principal Place of Business:

529 ROLLINS INDUSTRIAL BLVD.
RINGGOLD, GA 30736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 615
RINGGOLD, GA 30736

New Mailing Address:

529 ROLLINS INDUSTRIAL BLVD.
RINGGOLD, GA 30736

FEI Number: 58-1867542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: NRAI SERVICES, INC.
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CHRM
Name: FULLER, ROY A
Address: 1909 WINDSTONE DRIVE
City-St-Zip: RINGGOLD, GA 30736

Title: VCHR
Name: FULLER, LEILA
Address: 1909 WINDSTONE DRIVE
City-St-Zip: RINGGOLD, GA 30736

Title: D
Name: BEASLEY, BRENT
Address: 116 WINDSOR LANE
City-St-Zip: RINGGOLD, GA 30736

Title: ST
Name: BEASLEY, SARAH
Address: 116 WINDSOR LANE
City-St-Zip: RINGGOLD, GA 30736

Title: D
Name: FULLER, MICHAEL
Address: 76 HUMMINGBIRD HILL
City-St-Zip: RINGGOLD, GA 30736

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUSTIN CRUMP ACCT 10/05/2010
Electronic Signature of Signing Officer or Director Date