

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000010755

**FILED**  
**May 27, 2013**  
**Secretary of State**

**Entity Name:** VISION REHABILITATION ASSOCIATES, P.L.

**Current Principal Place of Business:**

1311 LYONS ROAD  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

6618 W ATLANTIC AVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

P.O. BOX 970543  
BOCA RATON, FL 33497

**New Mailing Address:**

**FEI Number:** 05-0561494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOCHMAN, ELLIOT F  
3300 PGA BLVD., STE 500  
PALM BEACH GARDENS, FL 33410 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: ELLIOT F. HOCHMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DEMARCO, LAURA M DR  
Address: PO BOX 970543  
City-St-Zip: BOCA RATON, FL 33497 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA M, DEMARCO

MGR

05/27/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date