2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 28, 2012
Secretary of State

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Entity Name: FOUR CORNERS REHAB & WELLNESS, PL

Current Principal Place of Business:

39857 HWY 27 N
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

39857 HWY 27 N
DAVENPORT, FL 33837 US

New Mailing Address:

FEI Number: 20-5768170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, STEVEN R
1607 E. SILVER STAR RD
OCOEE, FL 34761 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: STEVEN R HARRISON

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HARRISON, STEVEN R
Address: 405 S. CUMBERLAND AVE.
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM
Name: COLOMBO, CARLOS H
Address: 1291 BLESSING STREET
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM
Name: BROCKMAN, PETER
Address: 504 E HENSCHEN AVENUE
City-St-Zip: OAKLAND, FL 34787 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 Statues.

SIGNATURE: STEVEN R HARRISON MGRM 02/28/2012

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