

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000085572

FILED
Oct 03, 2008
Secretary of State

Entity Name: INJURY MID-FLORIDA REHAB L.L.C.

Current Principal Place of Business:

1339 W. COLONIAL DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

509 W. COLONIAL DRIVE
ORLANDO, FL 32804

Current Mailing Address:

1339 W. COLONIAL DRIVE
ORLANDO, FL 32804

New Mailing Address:

509 W. COLONIAL DRIVE
ORLANDO, FL 32804

FEI Number: 26-0726214 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANTOLIC, MLADEN
1339 W. COLONIAL DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ANTOLIC, MLADEN MD
509 W. COLONIAL DRIVE
ORLANDO, FL 32804 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: MLADEN ANTOLIC

10/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTOLIC, MLADEN
Address: 3668 HUNTERS ISLE DR.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MD (X) Change () Addition
Name: ANTOLIC, MLADEN
Address: 3668 HUNTERS ISLE DR.
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MLADEN ANTOLIC

MD

10/03/2008

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