

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000124861

**FILED**  
**Nov 05, 2008**  
**Secretary of State**

**Entity Name:** PALM BEACH MEDICAL & REHAB LLC

**Current Principal Place of Business:**

2910 JOG RD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

2910 JOG RD  
LAKE WORTH, FL 33415

**Current Mailing Address:**

1801 N. FLAGLER DR.  
235  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

2910 JOG RD  
LAKE WORTH, FL 33415

FEI Number: 26-1894727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CULVEYHOUSE, ANGELA R  
1801 N FLAGLER DR  
235  
WEST PALM BEACH, FL 33407 US

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

CULVEYHOUSE, ANGELA R  
2910 JOG RD  
LAKE WORTH, FL 33415 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: ANGELA R CULVEYHOUSE

11/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CULVEYHOUSE, ANGELA R  
Address: 1801 N FLAGLER DR 235  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CULVEYHOUSE, ANGELA R  
Address: 2910 JOG RD  
City-St-Zip: LAKE WORTH, FL 33415

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: ANGELA R CULVEYHOUSE

MGR

11/05/2008

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