

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000117776

FILED
Oct 02, 2009
Secretary of State

Entity Name: ALLIED REHABILITATION CENTER, LLC

Current Principal Place of Business:

3231 OLD WINTER GARDEN RD, STE 6
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1812 W. COLONIAL DR
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 26-3944439 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

HARRISON, H. DENNIS DR
1812 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: DR. H. DENNIS HARRISON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRISON, H. DENNIS DR
Address: 1812 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: H. DENNIS HARRISON

MGRM

10/02/2009

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