

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000039816

FILED
Apr 12, 2011
Secretary of State

Entity Name: GIVENS REHABILITATION, LLC

Current Principal Place of Business:

610 GLENFIELD CT
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

610 GLENFIELD CT
APOPKA, FL 32712

New Mailing Address:

FEI Number: 90-0500418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIVENS, DAMON
610 GLENFIELD CT
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

GIVENS, DAMON T SR
610 GLENFIELD CT
APOPKA, FL 32712 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: DAMON T GIVENS SR

04/12/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GIVENS, BELINDA
Address: 610 GLENFIELD CT
City-St-Zip: APOPKA, FL 32712

Title: MGRM
Name: GIVENS, DAMON T SR
Address: 610 GLENFIELD CT
City-St-Zip: APOPKA, FL 32712

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: DAMON T GIVENS SR

MGRM

04/12/2011

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