

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000111075

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** REHABILITATION CARE GROUP-ORLANDO, LLC

**Current Principal Place of Business:**

3010 HUNTER'S CREEK BOULEVARD  
ORLANDO, FL 32837

**New Principal Place of Business:**

2075 TOWN CENTER BLVD  
ORLANDO, FL 32837

**Current Mailing Address:**

3010 HUNTER'S CREEK BOULEVARD  
ORLANDO, FL 32837

**New Mailing Address:**

2075 TOWN CENTER BLVD  
ORLANDO, FL 32837

**FEI Number:** 46-3359956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PLOTKIN, RICHARD J ESQUIRE  
50 NORTH LAURA STREET, SUITE 1100  
JACKSONVILLE, FL 32202 US

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

LIAPAKIS, PATTI J  
2075 TOWN CENTER BLVD  
ORLANDO, FL 32837 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: PATTI LIAPAKIS

10/01/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: PATTI, LIAPAKIS  
Address: 2075 TOWN CENTER BLVD  
City-St-Zip: ORLANDO, FL 32837

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: PATTI LIAPAKIS

MGR

10/01/2014

Electronic Signature of Authorized Person

Date