

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001516

FILED
Jun 18, 2012
Secretary of State

Entity Name: DANIELS' REHABILITATION, INC.

Current Principal Place of Business:

13254 79TH CT. NO.
WEST PALM BEACH, FL 33412

New Principal Place of Business:

730 W.ILEX DR
LAKE PARK, FL 33403

Current Mailing Address:

13254 79TH CT. NO.
WEST PALM BEACH, FL 33412

New Mailing Address:

730 W.ILEX DR
LAKE PARK, FL 33403

FEI Number: 65-0909750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILCOX, ANGELYN Y
13254 79TH CT. NO.
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

WILCOX, ANGELYN Y
135 NEWBERRY LN.
WELLINGTON, FL 33411 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: ANGELYN WILCOX

06/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DANIELS, BEAUFORD
Address: 1100 W 31ST ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T
Name: HARLEY, HARMONY
Address: 730 W. ILEX DR.
City-St-Zip: LAKE PARK, FL 33403

Title: S
Name: WILCOX, ASHLEY
Address: 13254 79TH CT. NO.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: V
Name: WILCOX, ANGELYN
Address: 13254 79TH CT NO
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELYN WILCOX

VP

06/18/2012

Electronic Signature of Signing Officer or Director

Date