

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000022601

FILED
Oct 04, 2013
Secretary of State

Entity Name: PRO MEDICAL & REHABILITATION CENTER, INC.

Current Principal Place of Business:

7706-B HILLSBOROUGH AVE
TAMPA, FL 33615 US

New Principal Place of Business:

6604 N. BLOSSOM AVE
TAMPA, FL 33614 US

Current Mailing Address:

7706-B HILLSBOROUGH AVE
TAMPA, FL 33615 US

New Mailing Address:

6604 N. BLOSSOM AVE
TAMPA, FL 33614 US

FEI Number: 41-2028790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABO, PEDRO L
6604 N BLOSSOM AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: PEDRO CABO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CABO, PEDRO L
Address: 6604 N. BLOSSOM AVE
City-St-Zip: TAMPA, FL 33614

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO CABO

P

10/04/2013

Electronic Signature of Signing Officer or Director

Date