

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000062876

FILED
Oct 13, 2009
Secretary of State

Entity Name: FIRST COAST COMPREHENSIVE HEALTH AND REHABILITATION, INC.

Current Principal Place of Business:

12428 SAN JOSE BLVD.
SUITE 1
JACKSONVILLE, FL 32223

New Principal Place of Business:

14656 PLUMOSA DRIE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P. O. BOX 57967
JACKSONVILLE, FL 32241

New Mailing Address:

P. O. BOX 50853
JACKSONVILLE BEACH, FL 32240

FEI Number: 30-0090816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLEREN, TODD
12428 SAN JOSE BLVD.
SUITE 1
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

MCCLEREN, TODD
14656 PLUMOSA DRIVE
JACKSONVILLE BEACH, FL 32250 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: ADRIANA MCCLERREN

10/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCLERREN, TODD
Address: P.O. BOX 57967
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCLERREN, TODD
Address: P.O. BOX 50853
City-St-Zip: JACKSONVILLE BEACH, FL 32240

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 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 an address, with all other like empowered.

SIGNATURE: TODD MCCLERREN

OW

10/13/2009

Electronic Signature of Signing Officer or Director

Date