

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000102986

FILED
Apr 09, 2007
Secretary of State

Entity Name: EF REHAB CORPORATION

Current Principal Place of Business:

2166 JOG ROAD
GREENACRES, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

2166 JOG ROAD
GREENACRES, FL 33415 US

New Mailing Address:

FEI Number: 20-0245142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVEILLARD, EDMONDE
12351 NW 6TH ST
PLANTATION, FL 33325 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: EDMOUNDE EVEILLARD

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: PRES () Delete
Name: EVEILLARD, EDMONDE
Address: 2166 JOG ROAD
City-St-Zip: GREENACRES, FL 33415 US

Title: DIRE () Delete
Name: EVEILLARD, EDMONDE
Address: 2166 JOG ROAD
City-St-Zip: GREENACRES, FL 33415 US

Title: TREAS () Delete
Name: EVEILLARD, EDMONDE
Address: 2166 JOG ROAD
City-St-Zip: GREENACRES, FL 33415 US

Title: SECR () Delete
Name: EVEILLARD, EDMONDE
Address: 2166 JOG ROAD
City-St-Zip: GREENACRES, FL 33415 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDMOUNDE EVEILLARD

PRES

04/09/2007

Electronic Signature of Signing Officer or Director

Date