

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000033956

FILED
Dec 13, 2008
Secretary of State

Entity Name: SOUTH BROWARD REHAB & MEDICAL CENTER OF PLANTATION, INC.

Current Principal Place of Business:

200 SW 27TH AVENUE
SUITE # 208
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

4204 NORTH ST. RD 7
LAUDERDALE LAKES, FL 33309 US

Current Mailing Address:

12677 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 90-0146655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GILWIT, NEIL DR
200 SW 27TH AVENUE
SUITE # 208
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

GILWIT, NEIL DR
4204 NORTH ST RD 7
LAUDERDALE LAKES, FL 33309 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: DR. NEIL GILWIT

12/13/2008

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: GILWIT, NEIL DR
Address: 200 SW 27TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILWIT, NEIL DR
Address: 4204 NORTH ST RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

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: DR NEIL GILWIT

PRES

12/13/2008

Electronic Signature of Signing Officer or Director

Date