

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000033956

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

4845 NORTH DIXIE HIGHWAY  
POMPANO BEACHE FL, FL 33064 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  
4204 NORTH ST RD 7  
LAUDERDALE LAKES, FL 33309 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: WILLIAM MERISIER

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: 4204 NORTH ST RD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: M ( ) Change (X) Addition  
Name: MERISIER, WILLIAM W  
Address: 3428 NW 32 ND STREET  
City-St-Zip: LAUDERDALELAKES, FL 33309

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: NEIL GILWIT

DR

10/13/2009

Electronic Signature of Signing Officer or Director

Date