2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 17, 2012
Secretary of State

DOCUMENT# P04000039689

Entity Name: DOCTOR FLORIDA REHABILITATION, INC.

Current Principal Place of Business:

C/O ALEJANDRO RUIZ CALZADILLA
4401 LETO LAKE BLVD APT 203
TAMPA, FL 33614

New Principal Place of Business:

C/O ALEJANDRO RUIZ CALZADILLA
2123 MLK JR BLVD STE 202
TAMPA, FL 33607

Current Mailing Address:

C/O ALEJANDRO RUIZ CALZADILLA
4401 LETO LAKE BLVD APT 203
TAMPA, FL 33614

New Mailing Address:

C/O ALEJANDRO RUIZ CALZADILLA
10507 OUT ISLAND INC
TAMPA, FL 33615

FEI Number: 20-0801505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALZADILLA, ALEJANDRO R
2123 MLK JR BLVD STE 202
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

CALZADILLA, ALEJANDRO R
10507 OUT ISLAND INC
TAMPA, FL 33615 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: ALEJANDRO RUIZ CALZADILLA 01/17/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CALZADILLA, ALEJANDRO R
Address: 10507 OUT ISLAND INC
City-St-Zip: TAMPA, FL 33615

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: ALEJANDRO RUIZ CALZADILLA P 01/17/2012
Electronic Signature of Signing Officer or Director Date