

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000041467

**FILED**  
**Nov 23, 2005**  
**Secretary of State**

**Entity Name:** CARDIO PULMONARY REHABILITATION, INC.

**Current Principal Place of Business:**

12039 COACHMAN LAKES WAY  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

12039 COACHMAN LAKES WAY  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

P O BOX 205187 SUNSET STATION  
BROOKLYN, NY 11220 US

**FEI Number:** 20-0833820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUSSEIN, MONA  
12039 COACHMAN LAKES WAY  
JACKSONVILLE, FL 32246 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:** MONA HUSSEIN

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: HUSSEIN, MONA  
Address: 12039 COACHMAN LAKES WAY  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP ( ) Delete  
Name: ELOKDA, AHMED S  
Address: 12039 COACHMAN LAKES WAY  
City-St-Zip: JACKSONVILLE, FL 32246 US

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

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 Section 119.07(3)(i), 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:** MONA HUSSEIN

Electronic Signature of Signing Officer or Director

P

11/23/2005

Date