

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000041804

FILED
Oct 15, 2012
Secretary of State

Entity Name: TOWN MEDICAL AND REHAB CENTER, INC.

Current Principal Place of Business:

3214 W TAMPA BAY BLVD
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20541
TAMPA, FL 33622

New Mailing Address:

FEI Number: 87-0722273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, LETICIA
5411 TREIG LANE
WESLEY CHAPEL, FL 33544 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: LETICIA LEON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, T
Name: LEON, LETICIA
Address: 3214 W. TAMPA BAY BLVD.
City-St-Zip: TAMPA, FL 33607

Title: S, D
Name: TAYLOR, THOMAS
Address: 3214 W. TAMPA BAY BLVD.
City-St-Zip: TAMPA, FL 33607 US

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: LETICIA LEON

Electronic Signature of Signing Officer or Director

P

10/15/2012

Date