

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000058296

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA REHABILITATION SERVICES USA, INC.

**Current Principal Place of Business:**

888 BRICKELL KEY DRIVE  
1501  
MIAMI, FL 331312666 US

**New Principal Place of Business:**

3801 COLLINS AVENUE  
1205  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

3801 COLLINS AVENUE  
1205  
MIAMI BEACH, FL 33140

**New Mailing Address:**

3801 COLLINS AVENUE  
1205  
MIAMI BEACH, FL 33140 US

**FEI Number:** 56-2457250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OSPINA, OLGA L  
3801 COLLINS AVENUE  
1205  
MIAMI BEACH, FL 33140 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:** OLGA L. OSPINA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DIRE  
**Name:** OSPINA, OLGA L OTR/L  
**Address:** 3801 COLLINS AVENUE #1205  
**City-St-Zip:** MIAMI BEACH, FL 33140 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:** OLGA L. OSPINA

DIRE

10/15/2010

Electronic Signature of Signing Officer or Director

Date