

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000058296

FILED
Oct 10, 2013
Secretary of State

Entity Name: FLORIDA REHABILITATION SERVICES USA, INC.

Current Principal Place of Business:

6632 WILD ORCHID TRAIL
LAKE WORTH, FL 33449 US

New Principal Place of Business:

4792 SOUTH CLASSICAL BOULEVARD
DELRAY BEACH, FL 33445 US

Current Mailing Address:

6632 WILD ORCHID TRAIL
LAKE WORTH, FL 33449 US

New Mailing Address:

4792 SOUTH CLASSICAL BOULEVARD
DELRAY BEACH, FL 33445 US

FEI Number: 56-2457250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSPINA, OLGA L
6632 WILD ORCHID TRAIL
LAKE WORTH, FL 33449 US

Name and Address of New Registered Agent:

OSPINA, OLGA L
4792 SOUTH CLASSICAL BOULEVARD
DELRAY BEACH, FL 33445 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: OLGA L. OSPINA

10/10/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIRE
Name: OSPINA, OLGA L OTR/L
Address: 4792 SOUTH CLASSICAL BOULEVARD
City-St-Zip: DELRAY BEACH, FL 33445 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

10/10/2013

Electronic Signature of Signing Officer or Director

Date