2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 10 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000136813

1. Entity Name
ABBEY REHABILITATION SPECIALISTS OF LAKE COUNTY INC.

Principal Place of Business	Mailing Address
PO BOX 596 TAVARES, FL 32778 US	PO BOX 596 TAVARES, FL 32778 US

09262005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Village Rehab	Village Rehab
Suite, Apt. #, etc. 607 Hwy 466	Suite, Apt. #, etc. 607 Hwy 466
City & State Lady Lake FL	City & State Lady Lake FL
Zip 32159 Country USA	Zip 32159 Country USA

4. FEI Number 20-470-5758 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEGALZOOM NEVADA, INC. (KASEY) #208 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130 Phone - 800-773-0888. FAX - 323-790-0303	Name: Legal Zoom Nevada, Inc. Street Address (P.O. Box Number is Not Acceptable): 44 W. Flagler ST Suite 675 City: Miami FL Zip Code: 33130

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 10/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ☐ Delete BRIGNONI, ELMER 38548 LAKEVIEW DR. LADY LAKE, FL 321593810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ☐ Delete BLAKEMORE, DONNA J P.O. BOX 67 YALAHA, FL 34797	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700057782807 ☐ Change ☐ Addition 08/05/05--01014--020 **43.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700057782807 ☐ Change ☐ Addition 10/11/05--01010--009 **106.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	notice not received (38) ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/6/05 (352) 364-2774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #