

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000147315

**FILED**  
**Sep 28, 2005**  
**Secretary of State**

**Entity Name:** ACCIDENT & INJURY REHAB CENTER, LAKELAND INC.

**Current Principal Place of Business:**

PO BOX 1608  
EATON PARK, FL 338401608

**New Principal Place of Business:**

1421 COMMERCIAL PARK DR.  
SUITE 6  
LAKELAND, FL 33840 16

**Current Mailing Address:**

PO BOX 1608  
EATON PARK, FL 338401608

**New Mailing Address:**

**FEI Number:** 57-1213750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALSH, LEON  
1105 CYPRESS GARDENS BLVD UNIT 11  
WINTER HAVEN, FL 33880 US

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

WALSH, LEON G III  
6039 CYPRESS GARDENS BLVD #140  
WINTER HAVEN, FL 33884 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: LEON G. WALSH III

09/28/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WALSH, LEON  
Address: 1105 CYPRESS GARDENS BLVD UNIT 11  
City-St-Zip: WINTER HAVEN, FL 33880

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

Title: D (X) Change ( ) Addition  
Name: WALSH, LEON  
Address: 6039 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

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: LEON G. WALSH III

PRES

09/28/2005

Electronic Signature of Signing Officer or Director

Date