2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# P04000165340

Entity Name: CENTURY HEALTH & REHAB, INC.

Current Principal Place of Business:

2809 N POWERS DR, SUITE D
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

2809 N POWERS DR, SUITE D
ORLANDO, FL 32818

New Mailing Address:

PO BOX 653
CLARCONA, FL 32710

FEI Number: 20-1985881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THELUSMA, ROBERTO
7680 GRAMERCY DR
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

THELUSMA, ROBERTO
2809 PARK MEADOWS DR
APOPKA, FL 32703 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: ROBERTO THELUSMA 10/21/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THELUSMA, ROBERTO
Address: 6636 POMEROY CIRCLE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THELUSMA, ROBERTO
Address: PO BOX 653
City-St-Zip: CLARCONA, FL 32710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERTO THELUSMA P 10/21/2009
Electronic Signature of Signing Officer or Director Date