

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000108905

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** PROVIDENTIAL REHABILITATION CENTER INC

**Current Principal Place of Business:**

6903 WEST COLONIAL DR.  
ORLANDO, FL 32818

**New Principal Place of Business:**

4569 S. KIRKMAN ROAD  
10  
ORLANDO, FL 32811

**Current Mailing Address:**

6903 WEST COLONIAL DR.  
ORLANDO, FL 32818

**New Mailing Address:**

4569 S. KIRKMAN ROAD  
10  
ORLANDO, FL 32811

**FEI Number:** 20-3240408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILSAINT, EVENS  
1005 EAST BUCHANON AVE  
3  
ORLANDO, FL 32809 US

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

VILSAINT, EVENS  
4569 S. KIRKMAN ROAD  
10  
ORLANDO, FL 32811 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: EVENS VILSAINT

03/23/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VILSAINT, EVENS  
Address: 1005 EAST BUCHANON AVE APT#3  
City-St-Zip: ORLANDO, FL 32809

Title: V ( ) Delete  
Name: PIERRE, HENRY CLAUDE  
Address: 6233 LUNETTE ST  
City-St-Zip: ORLANDO, FL 32809

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EVENS VALSAINT

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date