2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2011
Secretary of State

DOCUMENT# P05000147675

Entity Name: REHAB. & HEALTHCARE OF TAMPA, INC.

Current Principal Place of Business:

3550 W WATERS AVE STE 280
TAMPA, FL 33614

New Principal Place of Business:

3550 W WATERS AVE
SUITE 260
TAMPA, FL 33614

Current Mailing Address:

3550 W WATERS AVE STE 280
TAMPA, FL 33614

New Mailing Address:

P.O. BOX 15822
TAMPA, FL 33684

FEI Number: 20-3767169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERNANDEZ MEZA, NELSON
3550 W WATERS AVE STE 280
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

HERNANDEZ MESA, NELSON
3550 W WATERS AVE
SUITE 260
TAMPA, FL 33614 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: NELSON HERNANDEZ MESA 10/12/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTE
Name: HERNANDEZ MESA, NELSON
Address: 3550 W WATERS AVE STE 260
City-St-Zip: TAMPA, FL 33614

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: NELSON HERNANDEZ MESA PTE 10/12/2011
Electronic Signature of Signing Officer or Director Date