2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# P06000110672

Entity Name: OAKLAND HEALTHCARE & REHAB CORP.

Current Principal Place of Business:

7746 W. HILLSBOROUGH AVE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

7746 W. HILLSBOROUGH AVE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-5435097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAZQUEZ, HECTOR M
9400 SUN ISLE DR NE
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

VAZQUEZ, HECTOR M
7746 W. HILLSBOROUGH AVE.
TAMPA, FL 33615 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: HECTOR VAZQUEZ 08/31/2009
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: VAZQUEZ, HECTOR M DC
Address: 9400 SUN ISLE DR NE
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VAZQUEZ, HECTOR M DC
Address: 7746 W. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33615

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: HECTOR VAZQUEZ P 08/31/2009
Electronic Signature of Signing Officer or Director Date