2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# P06000134616

Entity Name: REHAB INVESTMENTS OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

5200 NW 43RD ST 102-261
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

5200 NW 43RD ST 102-261
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 51-0608977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVENBARK, WALTER M III
5930 NW 54TH WAY
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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: W. MURPHY RIVENBARK
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: RIVENBARK, CHRISTOPHER S
Address: 5200 NW 43RD ST 102-261
City-St-Zip: GAINESVILLE, FL 32606

Title: VST ( ) Delete
Name: RIVENBARK, W. MURPHY
Address: 5200 NW 43RD ST 102-261
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change ( ) Addition
Name: RIVENBARK, WALTER M
Address: 5200 NW 43RD ST 102-261
City-St-Zip: GAINESVILLE, FL 32606

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: W. MURPHY RIVENBARK P 10/08/2007
Electronic Signature of Signing Officer or Director Date