

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000139348

FILED
Apr 30, 2008
Secretary of State

Entity Name: REHABILITATION HOSPITAL OF SARASOTA, INC.

Current Principal Place of Business:

3251 PROCTOR ROAD
SARASOTA, FL 34231

New Principal Place of Business:

New Mailing Address:

6721 THOMASVILLE ROAD
104-B
TALLAHASSEE, FL 32312

Current Mailing Address:

3251 PROCTOR ROAD
SARASOTA, FL 34231

FEI Number: 59-6754322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLETT, CHARLES J ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 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: CHARLES BARTLETT

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: DCEO () Delete
Name: BUCKLES, JR., WILLIAM G
Address: 4901-A CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: P () Delete
Name: BUCKLES, JR., WILLIAM G
Address: 4901-A CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: BUCKLES, JR., WILLIAM G
Address: 1180 PONCE DELEON BLVD 101
City-St-Zip: CLEARWATER, FL 33756

Title: P (X) Change () Addition
Name: BUCKLES, JR., WILLIAM G
Address: 1180 PONCE DELEON BLVD 101
City-St-Zip: CLEARWATER, FL 33756

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: WILLIAM BUCKLES

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date