

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000147718

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** PARADISE REHABILITATION INC

**Current Principal Place of Business:**

441 DEL PRADO BLVD N  
1  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

1089 W GRANADA BLVD  
3  
ORMOND BEACH, FL 32174

**New Mailing Address:**

441 DEL PRADO BLVD N  
1  
CAPE CORAL, FL 33909

**FEI Number:** 20-5952112      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HALL, WILLIAM A  
441 DEL PRADO BLVD N  
1  
CAPE CORAL, FL 33909 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: WILLIAM A HALL

\_\_\_\_\_  
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  
Name: HALL, WILLIAM A  
Address: 1089 W GRANADA BLVD SUITE 3  
City-St-Zip: ORMOND BEACH, FL 32174

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: WILLIAM A HALL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/05/2010

\_\_\_\_\_  
Date