2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000060088

Entity Name: MICHIGAN HEALTH & REHAB, INC.

FILED Nov 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5598 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

5657 NARVEKK AVE, ORLANDO, FL 32839

FEI Number: 26-0207226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CARLSON, ROY PETER DR 5598 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810 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: ROY PETER CARLSON

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: CARLSON, ROY PETER DR Name: CARLSON, ROY PETER DR
Address: 5598 NORTH ORANGE BLOSSOM TRAIL Address: 5598 NORTH ORANGE BLOSSOM TRAIL

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810

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: ROY PETER CARLSON PD 11/18/2008