

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000060088

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** MICHIGAN HEALTH & REHAB, INC.

**Current Principal Place of Business:**

5598 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810

**New Principal Place of Business:**

531 S. GROVE STREET  
EUSTIS, FL 32726

**Current Mailing Address:**

5657 NARVEKK AVE,  
ORLANDO, FL 32839

**New Mailing Address:**

531 S. GROVE STREET  
EUSTIS, FL 32726

**FEI Number:** 26-0207226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

CARLSON, ROY PETER DR  
531 S. GROVE STREET  
EUSTIS, FL 32726 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

03/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARLSON, ROY PETER DR  
Address: 531 S. GROVE STREET  
City-St-Zip: EUSTIS, FL 32726

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: ROY PETER CARLSON

PD

03/02/2011

Electronic Signature of Signing Officer or Director

Date