

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000045176

**FILED**  
**Oct 27, 2010**  
**Secretary of State**

**Entity Name:** BAY AREA REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

7219 BENJAMIN ROAD  
D  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

7219 BENJAMIN ROAD  
D  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 26-2558975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEON, CHRISTOPER  
7219 BENJAMIN ROAD  
D  
TAMPA, FL 33634 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:** FOSTER LOVETT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHRISTOPHER, LEON  
**Address:** 7219 BENJAMIN ROAD, #D  
**City-St-Zip:** TAMPA, FL 33634 US

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:** VANESSA CHACON

PRES

10/27/2010

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

\_\_\_\_\_  
Date