

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000046872

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Entity Name:** BETHEL HEALTH & REHAB CENTER, INC.

**Current Principal Place of Business:**

1441 N. PINE HILLS RD  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

1441 N. PINE HILLS RD  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 26-2581485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORCELY, MARIE NADINE  
3956 TOWN CENTER BLVD #322  
ORLANDO, FL 32837 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:** MARIE NADINE DORCELY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DORCELY, MARIE NADINE  
**Address:** 3956 TOWN CENTER BLVD #322  
**City-St-Zip:** ORLANDO, FL 32837

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:** MARIE NADINE DORCELY

P

10/07/2010

Electronic Signature of Signing Officer or Director

Date