

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000048236

**FILED
Aug 05, 2011
Secretary of State**

Entity Name: ORLANDO MEDICAL & REHAB CENTER INC.

Current Principal Place of Business:

1277 NORTH SEMORAN BLVD.
STE 101
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1277 NORTH SEMORAN BLVD.
STE 101
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 26-2602215 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMARO, YUSDANIA
1277 N.SEMORAN BLVD.
SUITE 101
ORLANDO, FL 32807 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: YUSDANIA AMARO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MIRANDA, LUIS G
Address: 3105 MAGDALENE FOREST CT
City-St-Zip: TAMPA, FL 33618

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: YUSDANIA AMARO

Electronic Signature of Signing Officer or Director

RA

08/05/2011

Date