

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000056212

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** CONTINENTAL HEALTH AND REHAB INC

**Current Principal Place of Business:**

811 WEST OAKRIDGE RD  
B  
ORLANDO, FL 32809

**New Principal Place of Business:**

811 WEST OAKRIDGE RD  
B  
ORLANDO, FL 32809 US

**Current Mailing Address:**

811 WEST OAKRIDGE RD  
B  
ORLANDO, FL 32809

**New Mailing Address:**

811 WEST OAKRIDGE RD  
B  
ORLANDO, FL 32809 US

**FEI Number:** 80-0194375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIEN-AIME, GARDY  
4723 ELDERWOOD CT  
B  
ORLANDO, FL 32808 US

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

BIEN-AIME, GARDY  
4723 ELDERWOOD CT  
ORLANDO, FL 32808 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:** GARDY BIEN-AIME

02/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCKENZIE, JUDITH C  
**Address:** 2012 OVERLOOK DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33884 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:** JUDITH MCKENZIE

P

02/14/2011

Electronic Signature of Signing Officer or Director

Date