

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000092342

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Entity Name:** GMC REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

3900 N.W. 79TH AVENUE  
SUITE 322  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

3900 N.W. 79TH AVENUE  
SUITE 322  
DORAL, FL 33166 US

**New Mailing Address:**

**FEI Number:** 26-3537555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVELL, STEPHEN M  
4527 CORONADO PARKWAY  
CAPE CORAL, FL 33904 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:** STEPHEN M LOVELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** LOVELL, STEPHEN M  
**Address:** 4527 CORDONADO PARKWAY  
**City-St-Zip:** CAPE CORAL, FL 33904 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:** STEPHEN M LOVELL

PRES

10/11/2011

Electronic Signature of Signing Officer or Director

Date