

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000108047

FILED
Nov 02, 2011
Secretary of State

Entity Name: FORT MYERS REHAB & MEDICAL CENTER , INC.

Current Principal Place of Business:

12672 F. LASSIE DRIVE
CORAL SPRING, FL 33071 US

New Principal Place of Business:

12677 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

12672 F. LASSIE DRIVE
CORAL SPRING, FL 33071 US

New Mailing Address:

12677 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

FEI Number: 38-3793381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILWIC, NEIL
12672 F. LASSIE DRIVE
CORAL SPRING, FL 33071 US

Name and Address of New Registered Agent:

GILWIT, NEIL
12677 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 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: NEIL GILWIT

11/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GILWIT, NEIL
Address: 12677 CLASSIC DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 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: NEIL GILWIT

RA

11/02/2011

Electronic Signature of Signing Officer or Director

Date