

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000040749

FILED
Mar 02, 2012
Secretary of State

Entity Name: WEST COAST INJURY & REHABILITATION CENTERS, INC.

Current Principal Place of Business:

5624 8TH STREET WEST
111
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

5624 8TH STREET WEST
111
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 27-0147233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, CATALINA
5624 8TH STREET WEST
111
LEHIGH ACRES, FL 33971 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: CATALINA TORRES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: TORRES, CATALINA
Address: 5624 8TH STREET WEST, SUITE 111
City-St-Zip: LEHIGH ACRES, FL 33971

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: CATALINA TORRES

P

03/02/2012

Electronic Signature of Signing Officer or Director

Date