

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000058952

**Entity Name:** WELLNESS PAIN & REHAB, INC

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3231 OLD WINTER GARDEN RD  
# 6  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 653  
CLARCONA, FL 32710

**New Mailing Address:**

3231 OLD WINTER GARDEN RD  
# 6  
ORLANDO, FL 32805

**FEI Number:** 27-0503801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VITO, ARTHUR  
3231 OLD WINTER GARDEN RD  
#6  
ORLANDO, FL 32805 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: ARTHUR VITO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VITO, ARTHUR  
Address: 3231 OLD WINTER GARDEN RD, STE #6  
City-St-Zip: ORLANDO, FL 32805

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: ARTHUR VITO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/03/2011

\_\_\_\_\_  
Date