

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000072558

FILED
Oct 11, 2012
Secretary of State

Entity Name: PREMIER REHAB THERAPY CENTER INC

Current Principal Place of Business:

4417 WISHART BLVD
TAMPA, FL 33603

New Principal Place of Business:

4417 WISHART BLVD
TAMPA, FL 33603 UN

Current Mailing Address:

4417 WISHART BLVD
TAMPA, FL 33603

New Mailing Address:

4417 WISHART BLVD
TAMPA, FL 33603 UN

FEI Number: 45-2984136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, MAIKEL
4417 WISHART BLVD
TAMPA, FL 33603 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: MAIKEL ROJAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LLAMOSA, ALEXIS
Address: 4417 WISHART BLVD
City-St-Zip: TAMPA, FL 33603

Title: M
Name: ROJAS, MAIKEL
Address: 4417 WISHART BLVD
City-St-Zip: TAMPA, FL 33603

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: ALEXIS LLAMOSA

PRES

10/11/2012

Electronic Signature of Signing Officer or Director

Date