

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000023763

**FILED**  
**Dec 05, 2013**  
**Secretary of State**

**Entity Name:** FAMILY PRACTICE AND REHAB, INC.

**Current Principal Place of Business:**

7600 SOUTHLAND BLVD  
107  
ORLANDO, FL 32809

**New Principal Place of Business:**

723 W. OAKRIDGE ROAD  
ORLANDO, FL 32809

**Current Mailing Address:**

7600 SOUTHLAND BLVD  
107  
ORLANDO, FL 32809

**New Mailing Address:**

723 W. OAKRIDGE ROAD  
ORLANDO, FL 32809

**FEI Number:** 45-4843326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARD, CHARLES H  
7600 SOUTHLAND BLVD  
107  
ORLANDO, FL 32809 US

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

RICHARD, CHARLES H  
723 W. OAKRIDGE ROAD  
ORLANDO, FL 32809 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: CHARLES H. RICHARD

12/05/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RICHARD, CHARLES H  
Address: 13845 TANGERINE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33412

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: CHARLES H. RICHARD

OWNE

12/05/2013

Electronic Signature of Signing Officer or Director

Date