

**2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000047225

**FILED  
May 16, 2014  
Secretary of State**

**Entity Name:** ALLIED HEALTH & REHAB, CO.

**Current Principal Place of Business:**

842 EAST PARK AVE  
TALLASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 4286  
TALLAHASSEE, FL 32315

**New Mailing Address:**

842 EAST PARK AVE  
TALLASSEE, FL 32301

**FEI Number:** 90-0846453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARLES, MARTINE  
3909 RESERVE DRIVE  
TALLAHASSEE, FL 32311 US

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

CHARLES, MARTINE  
1800 MICCOSUKKEE COMMONS DR.  
APT919  
TALLAHASSEE, FL 32308 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: MARTINE CHARLES

05/16/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHARLES, MARTINE  
Address: 842 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

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: MARTINE CHARLES

OWNE

05/16/2014

Electronic Signature of Signing Officer or Director

Date