

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000098788

FILED
Dec 02, 2013
Secretary of State

Entity Name: ORION MEDICAL AND REHAB CENTER INC

Current Principal Place of Business:

3801 N UNIVERSITY DR., STE 505
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3801 N UNIVERSITY DR., STE 505
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 46-1500007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLAS, RENE JR
3730 INVERRARY DR
H2J
LAUDERHILL, FL 33319 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: RÃNE NICOLAS JR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: NICOLAS, RENE JR
Address: 3730 INVERRARY DR
City-St-Zip: LAUDERHILL, FL 33319 US

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: RENE NICOLAS JR

P

12/02/2013

Electronic Signature of Signing Officer or Director

Date