

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000032281

**Entity Name:** REHAB ONE, INC.

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

11809 NORTH DALE MABRY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11809 NORTH DALE MABRY  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 59-3310110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, GARY  
202 S. ROME AVE.  
TAMPA, FL 33606 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:** GARY WALKER

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GORDON, CRAIG A  
**Address:** 11809 N DALE MABRY  
**City-St-Zip:** TAMPA, FL 33618

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:** CRAIG GORDON

MR

09/30/2014

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

\_\_\_\_\_  
Date