

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 10, 2005  
Secretary of State**

DOCUMENT# P96000019771

Entity Name: FIRST PRIORITY REHAB, INC.

**Current Principal Place of Business:**

7660 OAKBORO DR.  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

7660 OAKBORO DR.  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 65-0652010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GILL, SHARI LYN  
67 KING FISHER WAY  
BOYNTON BEACH, FL 33462      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: SHARI LYN GILL

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

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: GILL, SHARI LYN  
Address: 7660 OAKBORO DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: VTD      ( ) Delete  
Name: GILL, JAY MICHAEL  
Address: 7660 OAKBORO DR.  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARI LYN GILL

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

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10/10/2005

\_\_\_\_\_  
Date