

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000020656

**FILED**  
**Aug 28, 2014**  
**Secretary of State**

**Entity Name:** LONGEVITY REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

1515 INDIAN RIVER BLVD.  
A135  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 INDIAN RIVER BLVD.  
A135  
VERO BEACH, FL 32960 US

**New Mailing Address:**

**FEI Number:** 65-0732068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ST. MARY, PAUL R PRES.  
1515 INDIAN RIVER BLVD. A135  
VERO BEACH, FL 32960 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:** PAUL ST MARY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ST. MARY, PAUL R  
**Address:** 1515 INDIAN RIVER BLVD STE. A135  
**City-St-Zip:** VERO BEACH, FL 32960

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:** PAUL ST MARY

PRES

08/28/2014

Electronic Signature of Signing Officer or Director

Date