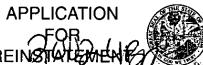
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 150 FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State DIVISION OF MERPORATIONS

P97000026059 DOCUMENT #

1. Corporation Name

WEST PALM BEACH MEDICAL & REHABILITATION GROUP, INC.

Principal Place of Business

SIGNATURE

Mailing Address

768 S CONGRESS AVENUE WEST-PALM-BEACH FL 33406 770 S CONGRESS AVE WEST PALM BEACH FL 33406

FILED

02 DEC -2 AN II: 16

SEGRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma			information and enter correction below. ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida O2/28/1007			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02/20/1007				
City & State	•	City & State			2 Pridinge	65-0743197	Applied For Not Applicable	
Zip Country Zip		Zip		Country	-6. CERTIFICATE	OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	KARROW, KEN		768 S CONGRESS AVENUE		,	WEST PALM BEACH FL 33406		
·							1	
•								
	•		700008635337 10/2840201112013 **150.00					
			12 URA : 50		1uz <u>0111201</u> 3	3 **150.00		
				/ OII JEC	391			
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
KAROW, KEN				Street Address (P.O. Box Number is Not Acceptable)				
770 S CONGRESS AVE								
WEST PALM BEACH FL 33406				Suite, Apt. #, Etc.				
and the second s				City State Zip Code			tate Zip Code	
10. I, being	appointed the registered agent of the abo	ove named corpo	oration, am fa	miliar with and accept the ol	bligations of Secti	on 607.0505, F.S. or 617.	0505, F.S.	
Signature of Registered Agent June 10/25/02								
REGISTERED AGENT MUST SIGN								

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11. Fertify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees

NAME OF SIGNING OFFICER OR DIRECTOR

11/25/01

We deil not Receive any
Reveval application this year
for West pulm Buch it must
lave been lost ein mail.

Please Reinstate.

That year

Len KAROW July