DOCUMENT # P97000095883  1. Corporation Name  APEX REHABILITATION SYSTEMS, INC.  Principal Place of Business  Mailing Address 3264 S£ 41ST PLACE OCALA FL 34480  Mailing Address OCALA FL 34480  REINSTATEMENT  11/07/1897  5. FEI Number  59-3476884  Applied Not Ap	REIN	PLICATION FOR ISTATEMENT	Katheri Secretar	TMENT OF STATE  ne Harris  y of State  corporations		PILED OCT 25 PH 4: 3	16	
APEX REHABILITATION SYSTEMS, INC.  Principal Place of Business  324 SE 41ST PLACE OCALA FL 34480  REINSTATEMENT  If above addresses are incorrect in any way. Line through incorrect information and enter correction below.  2 Now Principal Office Address. If Applicable 3 New Mailing Office Address. If Applicable 3 New Mailing Office Address. If Applicable 4 Date Incorporated or Qualified 10 De Businesse in Facicia.  11/07/1997  5. FEI Number 59-3476884  Applicable 2/p  Country  City & State  City & Country  City & Countr			)0095883					
324 SE 41ST PLACE OCALA FL 34480  18 above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address. If Applicable 3 New Mailing Office Address. If Applicable 4 Date Incorporated or Qualified To Do Business in Florida 11/07/1997  Suite, Apt. #, etc.  5 FEI Number 59-3476884  Applied Not Applied Not Applied Not Applied 11/07/1997  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Trifie(s) 2 Name and Officers 3 Street Address of Each Officer and/or Directors 4 City / State / Zip  D GILMAN, STEVE H 3524 SE 41ST PLACE  OCALA FL 34480  8. Name and Address of Current Registered Agent Name GILMAN, STEVE H 3524 SE 41ST PLACE OCALA FL 34480  Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	•		TEMS, INC.		TĀ	LLAHASSEE, FLORII	ĎΑ	
##### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ###### 750.00 ##################################	Principal P	Place of Business	Malling Address					
##### 750, 00 *********************************				OCALA FL 34480		ATEMENT		
Suite, Apt #, etc.  City & State  City & State  City & State  Country  Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Street Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  3 Street Address of Each Officer and/or Directors  City / State / Zip  D GILMAN, STEVE H  3524 SE 41ST PLACE  OCALA FL 34480  8. Name and Address of Current Registered Agent  Name  GILMAN, STEVE H  3524 SE 41ST PLACE  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				d enter correction below.		rated or Qualified		
Zip Country	Suite, Apt	#, etc.	Suite, Apt. #, etc.		<u> </u>		Applied For	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Trie(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip  D GILMAN, STEVE H 3524 SE 41ST PLACE OCALA FL 34480  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  GILMAN, STEVE H 3524 SE 41ST PLACE Street Address (P.O. Box Number is Not Acceptable)					]		Not Applicable	
Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip  D GILMAN, STEVE H 3524 SE 41ST PLACE OCALA FL 34480  8. Name and Address of Current Registered Agent Street Address of New Registered Agent Name GILMAN, STEVE H 3524 SE 41ST PLACE OCALA FL 34480  Street Address of Each Officer and/or Director 4 City / State / Zip  D D D D D D D D D D D D D D D D D D D	Zip Country		Zip	Country	— S8 /2 Applicated Fore recourse			
B. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  Name  GILMAN, STEVE H  3524 SE 41ST PLACE  OCALA FL 34480  Suite, Apt. #, Etc.	Title(s)	Name of Officers and/or Directors	· · · · · · · · · · · · · · · · · · ·	Street Address of Each Officer and/or Director		City / State / Zip		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GILMAN, STEVE H 3524 SE 41ST PLACE OCALA FL 34480 Suite, Apt. #, Etc.	D	GILMAN, STEVE H	3524 SE 4	3524 SE 41ST PLACE		OCALA FL 34480		
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  GILMAN, STEVE H  3524 SE 41ST PLACE  OCALA FL 34480  Suite, Apt. #, Etc.					90	<del></del>	<del>01090018</del>	
GILMAN, STEVE H  3524 SE 41ST PLACE  OCALA FL 34480  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.							LS	
3524 SE 41ST PLACE OCALA FL 34480 Suite, Apt. #, Etc.					9. Name and A	dress of New Registered	Agent	
OCALA FL 34480 Suite, Apt. N, Etc.				Street Address (P.O. Box Number is Not Acceptable)				
City Code				Suite, Apt. #, Etc.			·	
				City State Zip Code				
10. I, being appointed the registered egent of this above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	10. I, bein	g appointed the registered agent of the	bove named corporation, am fa	miliar with and accept the c	obligations of Section		• L	
Registered Agent SRESS A County Registered Agent MUST SIGN  Date 10-20-97	Signature o Registered	Agent Agent	REGISTERED AGENT MUST S	BIGN	<del></del>	Date 10-20-0	19	
11. I certify 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 fithis 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 fit 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 incon this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		About I are a second discount of the second	ceiver or trustee empowered to					

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