2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# P99000037358

Entity Name: COMFORT CARE MEDICAL REHABILITATION CENTER, INC.

Current Principal Place of Business:

THE ENCLAVE
4728 NORTH HABANA AVENUE, SUITE 201
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

THE ENCLAVE
4728 NORTH HABANA AVENUE, SUITE 201
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3554452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TINDALL, NATHANIEL W II
205 WEST DR. MARTIN L. KING, JR. BLVD.
SUITE 103
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

KNOX, MICHAEL A
701 S. HOWARD AVE.
SUITE 203
TAMPA, FL 33606 US

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: MICAHEL KNOX 01/06/2006
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: PCEO ( ) Delete
Name: WITSELL-BROOKINS, SANDRA D
Address: 4728 NORTH HABANA AVE, SUITE 201
City-St-Zip: TAMPA, FL 33614

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WITSELL-BROOKINS, SANDRA D
Address: 4728 NORTH HABANA AVE, SUITE 201
City-St-Zip: TAMPA, FL 33614

Title: V ( ) Change (X) Addition
Name: BROOKINS, JAMES
Address: 4728 NORTH HABANA AVE, SUITE 201
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SANDRA BROOKINS P 01/06/2006
Electronic Signature of Signing Officer or Director Date