

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000043200

**FILED**  
**Oct 30, 2008**  
**Secretary of State**

**Entity Name:** COMMUNITY REHAB SERVICES, INC.

**Current Principal Place of Business:**

1650 MEDICAL LANE  
SUITE 4  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

838 SW 56TH STREET  
CAPE CORAL, FL 33914

**New Mailing Address:**

70 MCKENZIE RD.  
PARSONS, TN 38363

**FEI Number:** 65-0924797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEUSSNER, BARBARA  
838 S.W. 56TH ST.  
CAPE CORAL, FL 33914 US

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

MEUSSNER, BARBARA  
70 MCKENZIE RD  
PARSONS TN., FL 38363 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: BARBARA MEUSSNER

10/30/2008

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: DP ( ) Delete  
Name: MEUSSNER, BARBARA  
Address: 838 S.W. 56TH ST.  
City-St-Zip: CAPE CORAL, FL 33914

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

Title: DP (X) Change ( ) Addition  
Name: MEUSSNER, BARBARA  
Address: 70MCKENZIE RD  
City-St-Zip: PARSONS, TN 38363

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA MEUSSNER

DP

10/30/2008

Electronic Signature of Signing Officer or Director

Date