

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N15000009506

**Entity Name:** PRESCRIBED REHABILITATION, INC.

**Current Principal Place of Business:**

2325 KEITH STREET  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

2325 KEITH STREET  
TALLAHASSEE, FL 32310

**FEI Number:** 47-5176749

**Certificate of Status Desired:** No

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

4200  
2325 KEITH STREET  
TALLAHASSEE, FL 32310 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:** CHARLOTTE GRANT

05/24/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name GRANT, CHARLOTTE D  
Address 2325 KEITH STREET  
City-State-Zip: TALLAHASSEE FL 32310

Title BOARD OF DIRECTORS  
Name MIDDLEBROOKS, DEANNA  
Address 2296 DUNWOODY XING  
City-State-Zip: ATLANTA GA 30338

Title VP  
Name HEMSLEY JR., HARRISFORD  
Address 2325 KEITH STREET  
City-State-Zip: TALLAHASSEE FL 32310

Title BOARD OF DIRECTORS  
Name GRANT, SHELITA  
Address 4203 PINE STREET  
City-State-Zip: MARIANNA FL 32448

Title BOARD OF DIRECTORS  
Name MARCEL, BRITTANY  
Address P.O BOX 1912  
City-State-Zip: BENICIA CA 94510

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLOTTE D GRANT

**CHIEF OPERATING  
OFFICER**

05/24/2021

Electronic Signature of Signing Officer/Director Detail

Date