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PO BOX 1308 PENSACOLA,	-			
FEI Number: 20-0137260		Certificate of Status Desired: Yes		
Name and Address of Current Registered Agent:				
TORRES, GLENDA K 245 E. INTENDENCIA ST. PENSACOLA, FL 32502 US				
	entity submits this statement for the purpose of changing its reg	istered office or re	gistered agent, or both, in the State of Flo	orida.
The above named e		istered office or re	gistered agent, or both, in the State of Flo	orida. 10/19/2016
The above named e	ntity submits this statement for the purpose of changing its reg	istered office or re	gistered agent, or both, in the State of Flo	
The above named e	Contract of Registered Agent	istered office or re	gistered agent, or both, in the State of Flo	10/19/2016
The above named e SIGNATURE: Officer/Direct	Contract of Registered Agent	istered office or rea	gistered agent, or both, in the State of Flo	10/19/2016
The above named e SIGNATURE: Officer/Direct Title	GLENDA K. TORRES Electronic Signature of Registered Agent			10/19/2016

DOCUMENT# P03000086810

Entity Name: EMERALD COAST REHAB ASSOCIATES, INC.

2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

Current Principal Place of Business:

245 INTENDENCIA PENSACOLA, FL 32502

Current Mailing Address:

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City-State-Zip: NAVARRE FL 32566

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

SIGNATURE: GLENDA K. TORRES

PRESIDENT

City-State-Zip: PENSACOLA FL 32502

10/19/2016

Electronic Signature of Signing Officer/Director Detail

Date