

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000096941

**FILED  
Oct 19, 2016  
Secretary of State  
CR8006526125**

**Entity Name:** GSA REHABILITATION AND PAIN MANAGEMENT, INC

**Current Principal Place of Business:**

10511 CORAL KEY AVENUE  
TAMPA, FL 33647

**Current Mailing Address:**

10511 CORAL KEY AVENUE  
TAMPA, FL 33647

**FEI Number: 45-3747042**

**Certificate of Status Desired: No**

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

GARCIA, AVELINO T  
10511 CORAL KEY AVENUE  
TAMPA, FL 33647 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:** AVELINO GARCIA

10/19/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GARCIA, SHAINA KATHLEE  
Address 10511 CORAL KEY AVENUE  
City-State-Zip: TAMPA FL 33647

Title CFO  
Name GARCIA, AVELINO  
Address 10511 CORAL KEY AVENUE  
City-State-Zip: TAMPA FL 33647

Title VP  
Name GARCIA, GLADYS JOYCE  
Address 10511 CORAL KEY AVENUE  
City-State-Zip: TAMPA FL 33647

*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:** AVELINO GARCIA

CO-OWNER

10/19/2016

Electronic Signature of Signing Officer/Director Detail

Date