

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000102152

FILED
Oct 12, 2008
Secretary of State

Entity Name: NORTH DADE REHABILITATION CENTER L.L.C.

Current Principal Place of Business:

166 N E 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

164 N E 167TH STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

166 N E 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

164 N E 167TH STREET
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-5750386 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIGER, GALLINA
13099 SW 28TH STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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: GALLINA LIGER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIGER, PRESLEY F
Address: 13099 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: PRES () Delete
Name: LIGER, GALLINA
Address: 13099 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GALLINA LIGER

PRES

10/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date