2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2006
Secretary of State

DOCUMENT# P93000000866

Entity Name: CARE PLUS INJURY REHABILITATION CENTER, INC.

Current Principal Place of Business:

1125 NE 125 ST.
100
N. MIAMI, FL 33161 US

New Principal Place of Business:

1125 NE 125 ST.
STE 100
N. MIAMI, FL 33161 US

Current Mailing Address:

1125 NE 125 ST.
100
NORTH MIAMI, FL 33161 US

New Mailing Address:

1125 NE 125 ST.
STE .100
NORTH MIAMI, FL 33161 US

FEI Number: 65-0374847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WENDROW, MICHAEL S
1005 NE 125TH ST.
SUITE 209
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

WENDROW, MICHAEL S
1125 NE 125TH ST.
STE. 100
NORTH MIAMI, FL 33161 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: MICHAEL S. WENDROW 10/23/2006
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: PSTD ( ) Delete
Name: WENDROW, MICHAEL
Address: 1005 NE 125TH ST., STE. 209
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: WENDROW, MICHAEL
Address: 1125 NE 125TH ST., STE. 100
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL S. WENDROW PSTD 10/23/2006
Electronic Signature of Signing Officer or Director Date