

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 03, 2006
Secretary of State**

DOCUMENT# L02000033324

Entity Name: THE GABLES REHABILITATION CENTER, LLC

Current Principal Place of Business:

3727 SW 8TH STREET
SUITE 105
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3727 SW 8TH STREET
SUITE 105
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 01-0758821 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:

ARIAS, EDUARDO S
3727 SW 8TH STREET
SUITE 105
CORAL GABLES, FL 33134 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: EDUARDO SANCHEZ ARIAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANCHEZ ARIAS, EDUARDO
Address: 3727 SW 8TH STREET, SUITE 105
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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 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: EDUARDO SANCHEZ ARIAS

MGR

10/03/2006

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