

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000039061

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** BISCAYNE NEUROLOGIC REHABILITATION CENTER LLC

**Current Principal Place of Business:**

15921 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

15921 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 20-4223513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDWIN, MICHAEL  
15921 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160 US

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

GOLDIN, MICHAEL  
15921 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160 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 GOLDIN

10/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOLDIN, MICHAEL  
Address: 15921 BISCAYNE BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby 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: MICHAEL GOLDIN

PR

10/15/2010

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