

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008045

**FILED**  
**Oct 04, 2006**  
**Secretary of State**

**Entity Name:** RESCUE, REHAB, HOME, INC.

**Current Principal Place of Business:**

7491 N. FEDERAL HIGHWAY  
SUITE #C1-3  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

7491 N. FEDERAL HIGHWAY  
SUITE #C1-3  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 20-3279834      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LABINER, PAUL S ESQ.  
5499 N. FEDERAL HIGHWAY  
SUITE #K  
BOCA RATON, FL 33487 US

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

WOLF, JAMIE  
7491 N FEDERAL HWY  
BOCA RATON, FL 33487 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: JAMIE WOLF

10/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MICHAEL, JAMIE  
Address: 7491 N. FEDERAL HIGHWAY, SUITE #C1-3  
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete  
Name: LABINER, PAUL S  
Address: 5499 N. FEDERAL HIGHWAY, SUITE K  
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Delete  
Name: WOLF, BARRY  
Address: 7491 N. FEDERAL HIGHWAY, SUITE #C1-3  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WOLF, JAMIE  
Address: 7491 N. FEDERAL HIGHWAY, SUITE #C1-3  
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Change ( ) Addition  
Name: WOLF, BARRY  
Address: 7491 N FEDERAL HWY SUITE C3  
City-St-Zip: BOCA RATON, FL 33487

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE WOLF

PRES

10/04/2006

Electronic Signature of Signing Officer or Director

Date