

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000015271

FILED
Mar 31, 2006
Secretary of State

Entity Name: C & W REHABILITATION MEDICAL CENTER INC

Current Principal Place of Business:

7815 CORAL WAY STE 100
MIAMI, FL 33155

New Principal Place of Business:

4530 NW 7 STREET
MIAMI, FL 33126

Current Mailing Address:

7815 CORAL WAY STE 100
MIAMI, FL 33155

New Mailing Address:

4530 NW 7 STREET
MIAMI, FL 33126

FEI Number: 65-0986023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAZQUEZ, JESUS
1560 SW 139TH AVENUE
MIAMI, FL 33184 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: JESUS GAZQUEZ

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: PD () Delete
Name: DIAZ, CARMEN
Address: 9600 SW 8TH ST #40
City-St-Zip: MIAMI, FL 33174

Title: VSTD () Delete
Name: FERNANDEZ, CHEFFY
Address: 4530 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: ESTRADA, ROBERT
Address: 4530 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: FERNANDEZ, CHEFFY
Address: 150 NW 32 AVENUE
City-St-Zip: MIAMI, FL 33125

Title: D (X) Change () Addition
Name: ESTRADA, ROBERT
Address: 630 WEST 39 STREET
City-St-Zip: HIALEAH, FL 33012

Title: ST () Change (X) Addition
Name: COBO, REBECCA
Address: 2851 SW M103 AVENUE
City-St-Zip: MIAMI, FL 33165

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: REBECCA COBO

ST

03/31/2006

Electronic Signature of Signing Officer or Director

Date