2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# P01000079302

Entity Name: PERSONAL CARE REHAB, INC.

Current Principal Place of Business:

2760 SW 97 AVE 103-104
MIAMI, FL 33165

New Principal Place of Business:

8345 CORAL WAY
MIAMI, FL 33155

Current Mailing Address:

2760 SW 97 AVE 103-104
MIAMI, FL 33165

New Mailing Address:

8345 CORAL WAY
MIAMI, FL 33155

FEI Number: 65-1126123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, ERIC
2760 SW 97 AVE S 103-104
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

WEAVER, ERIC
8345 CORAL WAY
MIAMI, FL 33155 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: ERIC WEAVER 10/21/2004
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: VPDS ( ) Delete
Name: WEAVER, ERIC
Address: 2760 SW 97AVENUE S 103-104
City-St-Zip: MIAMI, FL 33165

Title: PTD ( ) Delete
Name: WEAVER, YAMILE
Address: 2760 SW 97 AVE 103-104
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPDS (X) Change ( ) Addition
Name: WEAVER, ERIC
Address: 8345 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: PTD (X) Change ( ) Addition
Name: WEAVER, YAMILE
Address: 8345 CORAL WAY
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YAMILE WEAVER P 10/21/2004
Electronic Signature of Signing Officer or Director Date