

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000008883

Entity Name: BEST MEDICAL REHAB INC.

**FILED**  
**Oct 27, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

11890 S.W. 8TH ST.  
STE. 212  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

11890 S.W. 8TH ST.  
STE. 212  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 01-0579386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUEDA, MARIA EUGENIA  
11890 S.W. 8TH ST.  
STE. 401  
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: MARIA EUGENIA RUEDA

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: RUEDA, MARIA EUGENIA  
Address: 11890 S.W. 8TH ST., STE.401  
City-St-Zip: MIAMI, FL 33184

Title: VSD ( ) Delete  
Name: PALENZUELA, PATRICIA H  
Address: 11890 S.W. 8TH ST., STE.401  
City-St-Zip: MIAMI, FL 33184

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

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

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 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: MARIA EUGENIA RUEDA

PTD

10/27/2005

Electronic Signature of Signing Officer or Director

Date