

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000115998

FILED
Dec 06, 2006
Secretary of State

Entity Name: REMEDIOS REHABILITATION CENTER, CORP.

Current Principal Place of Business:

11300 NW 87 COURT STE #164
HIALEAH GARDEN, FL 33018

New Principal Place of Business:

8500 NW 8 ST
308
MIAMI, FL 33126

Current Mailing Address:

11300 NW 87 COURT STE #164
HIALEAH GARDEN, FL 33018

New Mailing Address:

8500 NW 8 ST
308
MIAMI, FL 33126

FEI Number: 14-1853098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, JULIO
2735 WEST 52 ST., #402
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

PALOMINO, YOSVANY
8500 NW 8 ST
308
MIAMI, FL 33126 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: YOSVANY PALOMINO

12/06/2006

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: ACOSTA, JULIO
Address: 2735 WEST 52 ST., #402
City-St-Zip: HIALEAH, FL 33016

Title: SD (X) Delete
Name: ROQUETA, LUIS MARIANO
Address: 11300 NW 87 CT.
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: PALOMINO, YOSVANY
Address: 8500 NW 8 ST # 308
City-St-Zip: MIAMI, FL 33126

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

SIGNATURE: YOSVANY PALOMINO

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12/06/2006

Electronic Signature of Signing Officer or Director

Date