2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P02000127288

Entity Name: PARTNERS IN HEALTH F.O.R.M.E. MEDICAL AND REHAB CENTERS, INC.

Current Principal Place of Business:

100 E. SAMPLE ROAD
SUITE 130
POMPANO BEACH, FL 33064

New Principal Place of Business:

550 NE 125TH STREET
NORTH MIAMI, FL 33161

Current Mailing Address:

100 E. SAMPLE ROAD
SUITE 130
POMPANO BEACH, FL 33064

New Mailing Address:

550 NE 125TH STREET
NORTH MIAMI, FL 33161

FEI Number: 59-3773826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITTELBERG, BARRY S ESQ.
8100 N. UNIVERSITY DRIVE #102
FORT LAUDERDALE, FL 33321 US

Name and Address of New Registered Agent:

SANON, HENRY R DR.
550 NE 125TH STREET
NORTH MIAMI, FL 33161 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: HENRY SANON,DC 05/02/2005
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: SANON, HENRY R DR.
Address: 100 E. SAMPLE ROAD #130
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SANON, HENRY R DR.
Address: 550 NE 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

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: HENRY SANON PRES 05/02/2005
Electronic Signature of Signing Officer or Director Date