

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT #P03000004604</b> 1. Entity Name <b>ALL CARE REHABILITATION HEALTH CENTER, INC.</b>		 <div style="position: absolute; top: 0; right: 0; text-align: right;"> <b>FILED</b>  <b>05 FEB -4 AM 9:06</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>ATTN: JEAN R. PIERRE</b> <b>2100 SOUTH CONWAY ROAD, SUITE U2</b> <b>ORLANDO, FL 32812</b>		Mailing Address <b>ATTN: JEAN R. PIERRE</b> <b>2100 SOUTH CONWAY ROAD, SUITE U2</b> <b>ORLANDO, FL 32812</b>	
2. Principal Place of Business <b>750 S. Orange Blossom Trail</b> Suite, Apt. #, etc. <b>Suite 207</b> City & State <b>ORLANDO, FL</b> Zip <b>32805</b>		3. Mailing Address <b>P.O. Box 617242</b> Suite, Apt. #, etc.  City & State <b>ORLANDO FL</b> Zip <b>32861-7242</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>81-0593866</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PIERRE, JEAN R</b> <b>2100 SOUTH CONWAY ROAD</b> <b>SUITE U2</b> <b>ORLANDO, FL 32812</b>		7. Name and Address of New Registered Agent Name <b>Raymond E. Hamiel</b> Street Address (P.O. Box Number is Not Acceptable) <b>1400 N. SEMORAN Blvd.</b> <b>Suite C</b> City <b>ORLANDO</b>	
State <b>FL</b>		Zip Code <b>32807</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>See below</u> <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD <b>PIERRE, JEAN</b> <input checked="" type="checkbox"/> Delete <b>2100 SOUTH CONWAY ROAD, SUITE U2</b> <b>ORLANDO, FL 32812</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Emmanuel Pierre</b> <b>4789 S. TEXAS AVENUE Bldg. D</b> <b>ORLANDO, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <b>ALONZO, JEAN W</b> <input checked="" type="checkbox"/> Delete <b>221 NORTH DOLLINS AVENUE</b> <b>ORLANDO, FL 32805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRINCIPUS ISAAC, VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7102 CROOKED LAKE TRAIL</b> <b>ORLANDO, FL 32818</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Raymond E. Hamiel</b> <b>1435 Bird Road</b> <b>WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100046641311</b> <b>02/15/05--01035--010 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Raymond E. Hamiel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/2/2005</u> <span style="float: right;">Daytime Phone # _____</span>	