

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000004861

FILED
Feb 05, 2005
Secretary of State

Entity Name: ALLCARE MED-REHAB INCORPORATED

Current Principal Place of Business:

3267 DAVIE BLVD
FT LAUDERDALE, FL 33312

New Principal Place of Business:

2700 WEST OAKLAND PARK BLVD
18-C
OAKLAND PARK, FL 33311

Current Mailing Address:

3267 DAVIE BLVD
FT LAUDERDALE, FL 33312

New Mailing Address:

2700 WEST OAKLAND PARK BLVD
18-C
OAKLAND PARK, FL 33311

FEI Number: 04-3199693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHINWEZE, INNOCENT O ESQ
300 S PINE ISLAND RD STE 248
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CHINWEZE, INNOCENT O ESQ
300 S PINE ISLAND RD
248
PLANTATION, FL 33324 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: INNOCENT CHINWEZE

02/05/2005

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: P () Delete
Name: PIERRE, ROOLS
Address: 3267 DAVIE BLVD
City-St-Zip: FT LAUDERDALE, FL 33312

Title: V () Delete
Name: PAUL, AZAIRE
Address: 3267 DAVIE BLVD
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S () Delete
Name: PREVILOR, MADARE
Address: 3267 DAVIE BLVD
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PIERRE, ROOLS
Address: 2700 WEST OAKLAND PARK BLVD #18-C
City-St-Zip: OAKLAND PARK, FL 33311

Title: V (X) Change () Addition
Name: PAUL, AZAIRE
Address: 2700 WEST OAKLAND PARK BLVD # 18-C
City-St-Zip: OAKLAND PARK, FL 33311

Title: S (X) Change () Addition
Name: PREVILOR, MADARE
Address: 2700 WEST OAKLAND PARK BLVD #18-C
City-St-Zip: OAKLAND PARK, FL 33311

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: ROOLS PIERRE

P

02/05/2005

Electronic Signature of Signing Officer or Director

Date