## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## FILED **DOCUMENT # PQ3000047423** 1. Entity Name 05 OCT 25 PM 3: 37 ARMONIA MEDICAL & REHABILITATION CENTER, INC. SEGNE SECONDATATE TALLAHASSLE, FLORIDA Principal Place of Business Mailing Address 4915 E 1 COURT 8416 NW 201 ST. REMOTATEMENT 05 HIALEAH, FL 33013 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P CR2E098 (6/04) 10032005 City & State City & State FEI Number Applied For 17-3693566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, FELIX E Street Address (P.O. Box Number is Not Acceptable) 4915 EAST 1 COURT HIALEAH, FL 33013 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. After January 1, 2006, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. 300061116913 11/02/05--01037--006 \*\*188.75 **PSD** MILE ☐ Delete TITLE ☐ Addition RODRIGUEZ, FELIX E NAME NAME 4915 E 1 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling 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 land accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of trustee impowered 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 any acidess, with my other like empowered. SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR