2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2004
Secretary of State

DOCUMENT# P03000058803

Entity Name: NEW WAY REHABILITATION CENTER, INC.

Current Principal Place of Business:

1455 NW 14TH STREET
MIAMI, FL 33125

New Principal Place of Business:

3934 SW 8 STREET
#303
CORAL GABLES, FL 33134

Current Mailing Address:

1455 NW 14TH STREET
MIAMI, FL 33125

New Mailing Address:

3934 SW 8 STREET
#303
CORAL GABLES, FL 33134

FEI Number: 86-1081284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZAS, ARTURO
1455 NW 14TH STREET
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

ZAS, ARTURO
3934 SW 8 STREET
#303
CORAL GABLES, FL 33134 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: ARTURO ZAS 10/28/2004
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: PVPS ( ) Delete
Name: ZAS, ARTURO
Address: 1455 NW 14TH STREET
City-St-Zip: MIAMI, FL 33125

Title: DT ( ) Delete
Name: ZAS, ARTURO
Address: 1455 NW 14TH STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ZAS, ARTURO
Address: 3934 SW 8 STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: DT (X) Change ( ) Addition
Name: ZAS, ARTURO
Address: 3934 SW 8 STREET
City-St-Zip: CORAL GABLES, FL 33134

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: ARTURO ZAS PRES 10/28/2004
Electronic Signature of Signing Officer or Director Date