

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000082740

**FILED**  
**Dec 10, 2009**  
**Secretary of State**

**Entity Name:** VENETIAN REHAB CENTER, INC.

**Current Principal Place of Business:**

434 SW 12 AVE  
MIAMI, FL 33130

**New Principal Place of Business:**

434 SW 12 AVE  
103  
MIAMI, FL 33130

**Current Mailing Address:**

434 SW 12 AVE  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 36-4537559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUEVARA, AUREA M M.D.  
434 SW 12 AVE  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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: AUREA GUEVARA

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: GUEVARA, AUREA M M.D.  
Address: 434 SW 12 AVE  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: PUGA, YANEXIS  
Address: 513 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AUREA GUEVARA

MD

12/10/2009

Electronic Signature of Signing Officer or Director

Date