# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 15, 2009**
**Secretary of State**

DOCUMENT# P03000108437

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

**Current Principal Place of Business:**

11117 W OKEECHOBEE RD.
SUITE 209
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

5891 WEST 9 LN
HIALEAH, FL 33012

**Current Mailing Address:**

11117 W OKEECHOBEE RD.
SUITE 209
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

5891 WEST 9 LN
HIALEAH, FL 33012

**FEI Number: 56-2428779** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HADFEG, LILIANA
5891 W. 9TH LANE
HIALEAH, FL 33012 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: LILIANA HADFEG
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: PD ( ) Delete
Name: HADFEG, LILIANA
Address: 5891 W. 9TH LANE
City-St-Zip: HIALEAH, FL 33012

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

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: LILIANA HADFEG PRES 10/15/2009
Electronic Signature of Signing Officer or Director Date