2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 03, 2006
Secretary of State

DOCUMENT# P04000027357

Entity Name: NORTH DADE MEDICAL AND REHAB INC.

Current Principal Place of Business:

1199 NE 139 ST.
NORTH MIAMI, FL 33161

New Principal Place of Business:

3698 NW 35 ST
FT.LAUDERDALE, FL 33309

Current Mailing Address:

1199 NE 139 ST.
NORTH MIAMI, FL 33161

New Mailing Address:

3698 NW 35 ST
FT.LAUDERDALE, FL 33309

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

Name and Address of Current Registered Agent:

LAMISERE, DELPHRA
4977 SW 166 AVE.
MIRAMAR, FL 33027 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: DELPHRA LAMISERE
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: D ( ) Delete
Name: AYODEJI, MURIEL
Address: 5715 N. UNIVERSITY DR.
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: AYODEJI, FRANCIS
Address: 5715 N. UNIVERSITY DR.
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: LAMISERE, DELPHRA
Address: 4977 SW 166 AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Delete
Name: AYODEJI, OLADIMEJI
Address: 5715 N. UNIVERSITY DR.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OLA, CHARLES
Address: 718 NE 14 ST
City-St-Zip: FT.LAUDERDALE, FL 33304

Title: D (X) Change ( ) Addition
Name: LAMISERE, DELPHRA
Address: 4977 SW 166 AVE
City-St-Zip: MIRAMAR, FL 33027

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 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: DELPHRA LAMISERE D 08/03/2006
Electronic Signature of Signing Officer or Director Date