2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# P04000071486

Entity Name: PACIFIC MEDICAL & REHABILITATION CENTER INC.

Current Principal Place of Business:

42 NW 27 AVE
423
MIAMI, FL 33125

New Principal Place of Business:

330 SW 27 AVE
STE 605
MIAMI, FL 33135

Current Mailing Address:

42 NW 27 AVE
423
MIAMI, FL 33125

New Mailing Address:

330 SW 27 AVE
STE 605
MIAMI, FL 33125

FEI Number: 20-1070986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVA, BARBARA O
42 NW 27 AVE
423
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

OLIVA, BARBARA O
330 SW 27 AVE
STE 605
MIAMI, FL 33125 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: BARBARA O OLIVA 10/06/2006
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: OLIVA, BARBARA O
Address: 42 NW 27 AVE SUITE 423
City-St-Zip: MIAMI, FL 33125

Title: VP ( ) Delete
Name: OLIVA, BARBARA O
Address: 42 NW 27 AVE SUITE 423
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLIVA, BARBARA O
Address: 330 SW 27 AVE STE 423
City-St-Zip: MIAMI, FL 33125

Title: VP (X) Change ( ) Addition
Name: OLIVA, BARBARA O
Address: 330 SW 27 AVE STE 423
City-St-Zip: MIAMI, FL 33125

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: BARBARA O OLIVA P 10/06/2006
Electronic Signature of Signing Officer or Director Date