2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000088763

Entity Name: EAGLE REHAB. THERAPY SERVICE, INC

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
6714 WES MIAMI, FL	T FLAGLER S 33144	т.			
Current Mailing Address:			New Mailing Address:		
6714 WES MIAMI, FL	T FLAGLER S 33144	Т.			
FEI Number:	20-1222197	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JIMENEZ, 7850 SW 2 MIAMI, FL	2ND ST.				
	named entity : e of Florida.	submits this statement for the բ	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: YUNIBEL	JIMENEZ			
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () JIMENEZ, YUN 7850 SW 22NE MIAMI. FL 331	ST.	Title: Name: Address: Citv-St-Zip:	()Change ()Addition	

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: YUNIBEL JIMENEZ PD 10/06/2005