

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000012660

**Entity Name:** METRO-MED REHAB. CENTER, INC.

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

801 MONTEREY STREET  
STE# 204  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

801 MONTEREY STREET  
STE# 204  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 01-0827839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROQUE-DE-ESCOBAR, JACQUELINE  
801 MONTERREY STE. 204  
CORAL GABLES, FL 33134 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:** JACQUELINE ROQUE DE ESCOBAR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PVP  
**Name:** ROQUE-DE-ESCOBAR, JACQUELINE R  
**Address:** 801 MONTEREY STREET, SUITE 204  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** STOD  
**Name:** ROQUE-DE-ESCOBAR, JACQUELINE R  
**Address:** 801 MONTEREY STREET, SUITE 204  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** JACQUELINE ROQUE DE ESCOBAR

PRE

10/01/2010

Electronic Signature of Signing Officer or Director

Date