# 2010 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Dec 14, 2010**
**Secretary of State**

DOCUMENT# P05000016102

**Entity Name:** GEMINIS REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

5600 SW 135 AVE
SUITE 112
MIAMI, FL 33183 US

**New Principal Place of Business:**

**Current Mailing Address:**

5600 SW 135 AVE
SUITE 112
MIAMI, FL 33183 US

**New Mailing Address:**

**FEI Number: 20-2256361** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MEDINA, MARIA
5600 SW 135 AVE
SUITE 112
MIAMI, FL 33183 US

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

MACOLA, MARCOS
5600 SW 135 AVE
SUITE 112
MIAMI, FL 33183 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: MACOLA MARCOS 12/14/2010
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DPST
Name: MACOLA, MARCOS
Address: 5600 SW 135 AVE SUITE 112
City-St-Zip: MIAMI, FL 33183

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: MACOLA MARCOS PD 12/14/2010
Electronic Signature of Signing Officer or Director Date