

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000088068

Entity Name: DADE COUNTY REHAB INC

FILED
Sep 30, 2009
Secretary of State

Current Principal Place of Business:

3900 N.W. 79TH AVENUE
SUITE 805
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3900 N.W. 79TH AVENUE
SUITE 805
DORAL, FL 33166

New Mailing Address:

FEI Number: 20-3025352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLEGAS, SALVADOR
3900 N.W. 79TH AVENUE
SUITE 805
DORAL, FL 33166 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: SALVADOR VILLEGAS

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: PST () Delete
Name: VILLEGAS, SALVADOR
Address: 3900 NW 79 AVE, SUITE 805
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SALVADOR VILLEGAS

PST

09/30/2009

Electronic Signature of Signing Officer or Director

Date