2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2007
Secretary of State

DOCUMENT# P05000140380

Entity Name: DNATURAL REHABILITATION CENTER INC

Current Principal Place of Business:

4343 WEST FLAGLER ST., STE. #505
CORAL GABLES, FL 331341586

New Principal Place of Business:

Current Mailing Address:

4343 WEST FLAGLER ST., STE. #505
CORAL GABLES, FL 331341586

New Mailing Address:

FEI Number: 20-3634469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, DIAREN
15420 SW 297 TERRACE
HOMESTEAD, FL 33033 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: RODRIGUEZ DIAREN

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: RODRIGUEZ, DIAREN
Address: 15420 SW 297 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: T ( ) Delete
Name: BARCO, CARLOS
Address: 15295 SW 45 TERRACE UNIT # E
City-St-Zip: MIAMI, FL 33185

Title: VP ( ) Delete
Name: SANTANA, NERYS
Address: 4343 WEST FLAGLER ST, SUITE 505
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RODRIGUEZ DIAREN P 10/17/2007

Electronic Signature of Signing Officer or Director Date