

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000014029

FILED
Mar 27, 2009
Secretary of State

Entity Name: DK HEALTH CARE REHAB CENTER,INC

Current Principal Place of Business:

42 N.W. 27TH AVE
413
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

42 N.W. 27TH AVE
413
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 20-4222149 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KARIAIAN, DAVID
42 N.W. 27TH AVE
413
MIAMI, FL 33125 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: DAVID KARIAIAN

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: BERRA MARTIN, REBECA, MARIA
Address: 42 N.W. 27TH AVE STE 413
City-St-Zip: MIAMI, FL 33125

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: DAVID KARIAIAN

Electronic Signature of Signing Officer or Director

VP

03/27/2009

Date