2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# P06000046528

Entity Name: 1 STEP MEDICAL & REHABILITATION CENTER, INC.

Current Principal Place of Business:

4343 WEST FLAGLER ST
404
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

4343 WEST FLAGLER ST
404
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 20-4683872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNKLEY, LINDSAY
14100 PALMETTO FRT RD
201
MIAMI LAKES, FL 33134 US

Name and Address of New Registered Agent:

TORRES, ILIANA
1819 W 2 AVE
HIALEAH, FL 33010 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: ILIANA TORRES 03/20/2008
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: TORRES, ILIANA Y
Address: 4343 WEST FLAGER ST # 404
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAURELLES, DIANELYS
Address: 4343 WEST FLAGLER ST STE 404
City-St-Zip: MIAMI, FL 33134

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: DIANELYS MAURELLES P 03/20/2008
Electronic Signature of Signing Officer or Director Date