

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000084954

**FILED**  
**Aug 12, 2010**  
**Secretary of State**

**Entity Name:** NATURAL REHABILITATION CENTER INC

**Current Principal Place of Business:**

10550 NW 77 CT #223  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

2611 NW 20 ST  
MIAMI, FL 33142

**Current Mailing Address:**

10550 NW 77 CT #223  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

2611 NW 20 ST  
MIAMI, FL 33142

**FEI Number:** 77-0693921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALLE, FELIX ROLANDO  
10550 NW 77 CT #223  
HIALEAH GARDENS, FL 33016 US

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

CALLE, FELIX ROLANDO  
2611 NW 20 ST  
MIAMI, FL 33142 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:** FELIX ROLANDO CALLE

08/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CALLE, FELIX ROLANDO  
**Address:** 2611 NW 20 ST  
**City-St-Zip:** MIAMI, FL 33142

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:** FELIX ROLANDO CALLE

PD

08/12/2010

Electronic Signature of Signing Officer or Director

Date