

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000123423

FILED
Oct 23, 2009
Secretary of State

Entity Name: ALL STAR REHABILITATION CENTER, INC

Current Principal Place of Business:

5881 NW 151 STREET
SUITE 120
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5881 NW 151 STREET
SUITE 120
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 26-1411799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVO, ILEANA
2467 W 70 STREET
HIALEAH, FL 33016 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: ILEANA CALVO

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: DPT () Delete
Name: CALVO, ILEANA MS.
Address: 2467 W 70 STREET
City-St-Zip: HIALEAH, FL 33016 US

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: ILEANA CALVO

RA

10/23/2009

Electronic Signature of Signing Officer or Director

Date