2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 14, 2013
Secretary of State

DOCUMENT# P08000079828

Entity Name: ALOSNA MEDICAL REHABILITATION CENTER, INC.

Current Principal Place of Business:

3900 N.W. 79TH AVENUE
BLD 3, SUITE 219
DORAL, FL 33166

New Principal Place of Business:

3900 N.W. 79TH AVENUE
BLD 3, SUITE 726
DORAL, FL 33166

Current Mailing Address:

3900 N.W. 79TH AVENUE
BLD 3, SUITE 219
DORAL, FL 33166

New Mailing Address:

3900 N.W. 79TH AVENUE
BLD 3, SUITE 726
DORAL, FL 33166

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOMEZ, RAMIRO
3900 N.W. 79TH AVENUE
BLD 3, SUITE 219
DORAL, FL 33166 US

Name and Address of New Registered Agent:

GOMEZ, RAMIRO
3900 N.W. 79TH AVENUE
BLD 3, SUITE 726
DORAL, FL 33166 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: RAMIRO GOMEZ 08/14/2013
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GOMEZ, RAMIRO D
Address: 3900 N.W. 79TH AVE, BLD 3, SUITE 726
City-St-Zip: DORAL, FL 33166 US

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: RAMIRO GOMEZ PRES 08/14/2013
Electronic Signature of Signing Officer or Director Date