2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2009
Secretary of State

DOCUMENT# P08000084156

Entity Name: LIBERTY REHABILITATION CENTER INC

Current Principal Place of Business:

8080 W FLAGLER STREET
STE 3-A
MIAMI, FL 33144

New Principal Place of Business:

3900 N.W 79 AVENUE
SUITE 500
DORAL, FL 33166

Current Mailing Address:

8080 W FLAGLER STREET
STE 3-A
MIAMI, FL 33144

New Mailing Address:

3900 N.W 79 AVENUE
SUITE 500
DORAL, FL 33166

FEI Number: 26-3330148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARNER, CURTIS E DR.
8080 W FLAGLER STREET
STE 3-A
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

GARNER, CURTIS E DR.
3900 N.W 79 AVENUE
SUITE 500
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: GARNER CURTIS E 10/02/2009
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/S ( ) Delete
Name: GARNER, CURTIS E DR.
Address: 8080 W FLAGLER STREET, 3-A
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Delete
Name: ALONSO, ADOLFO
Address: 13281 SW 216 TER
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: GARNER, CURTIS E DR.
Address: 3900 N.W 79 AVENUE SUITE 500
City-St-Zip: DORAL, FL 33166

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: GARNER CURTIS E P 10/02/2009
Electronic Signature of Signing Officer or Director Date