

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000020922

FILED
Feb 05, 2014
Secretary of State

Entity Name: EAN REHABILITATION CENTER INC.

Current Principal Place of Business:

3267 SW 25 ST
MIAMI, FL 33133

New Principal Place of Business:

1140 WEST 50 ST
202
HIALEAH, FL 33012

Current Mailing Address:

P.O BOX 348536
MIAMI, FL 33234

New Mailing Address:

1140 WEST 50 ST
202
HIALEAH, FL 33012

FEI Number: 90-0450244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, MONICA
5200 SW 8 ST SUIT E# 150
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

CINTA, REINALDO
1140 WEST 50 ST # 202
HIALEAH, FL 33012 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: REINALDO CINTA

02/05/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CINTA, REINALDO
Address: 1140 WEST 50 ST SUITE 202
City-St-Zip: HIALEAH, FL 33012

Title: ADMI
Name: CINTA, REINALDO
Address: 1140 WEST 50 ST SUITE 202
City-St-Zip: HIALEAH, FL 33012

Title: SECR
Name: CINTA, REINALDO
Address: 1140 WEST 50 ST SUITE 202
City-St-Zip: HIALEAH, FL 33012

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: REINALDO CINTA

PRES

02/05/2014

Electronic Signature of Signing Officer or Director

Date