

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000081126

**FILED**  
**Sep 23, 2013**  
**Secretary of State**

**Entity Name:** FLORIDA CITY REHAB & MEDICAL CENTER, INC

**Current Principal Place of Business:**

103 EAST LUCY STREET  
SUITE 123  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

103 EAST LUCY STREET  
SUITE 123  
FLORIDA CITY, FL 33034

**New Mailing Address:**

1552 W 37 ST  
HIALEAH, FL 33012

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CARRENO, TERESITA  
13216 SW 108 STREET CIR  
MIAMI, FL 33186 US

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

CARRENO, TERESA  
13216 SW 108 STREET CIR  
MIAMI, FL 33186 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: TERESA CARRENO

09/23/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARRENO, TERESA  
Address: 13216 SW 108 STREET CIR  
City-St-Zip: MIAMI, FL 33186

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: TERESA CARRENO

P

09/23/2013

Electronic Signature of Signing Officer or Director

Date