

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000094484

**FILED**  
**Oct 17, 2013**  
**Secretary of State**

**Entity Name:** ST. JUDE REHABILITATION CENTER, INC

**Current Principal Place of Business:**

3901 NW 79 AVE  
SUITE 102  
DORAL, FL 33166 US

**New Principal Place of Business:**

3934 SW 8 ST  
SUITE 308  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

3901 NW 79 AVE  
SUITE 102  
DORAL, FL 33166 US

**New Mailing Address:**

3934 SW 8 ST  
SUITE 308  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-1326863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOLINA GONZALEZ, NADIHEYA  
3901 NW 79TH AVENUE  
SUITE 102  
MIAMI, FL 33166 US

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

MOLINA GONZALEZ, NADIHEYA  
3934 SW 8 ST  
SUITE 308  
CORAL GABLES, FL 33134 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: NADIHEYA MOLINA GONZALEZ

10/17/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOLINA GONZALEZ, NADIHEYA  
Address: 3934 SW 8 ST SUITE 308  
City-St-Zip: CORAL GABLES, FL 33134

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: NADIHEYA MOLINA GONZALEZ

OWNE

10/17/2013

Electronic Signature of Signing Officer or Director

Date