

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000010505

FILED
Aug 17, 2013
Secretary of State

Entity Name: HEALTHY REHAB CENTER INC.

Current Principal Place of Business:

330 SW 27 AVE, SUITE 204
MIAMI, FL 33135

New Principal Place of Business:

900 W 49 ST
SUITE 505
HIALEAH, FL 33012

Current Mailing Address:

330 SW 27 AVE, SUITE 204
MIAMI, FL 33135

New Mailing Address:

900 W 49 ST
SUITE 505
HIALEAH, FL 33012

FEI Number: 27-1845050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELLO, TERESITA
330 SW 27 AVE, SUITE 204
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

CORREA VILA, JUAN C
900 W 49 ST
SUITE 505
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: JUAN C. CORREA VILA

08/17/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CORREA VILA, JUAN C
Address: 900 W 49 ST SUITE 505
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: JUAN C. CORREA VILA

P

08/17/2013

Electronic Signature of Signing Officer or Director

Date