

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000029072

**FILED**  
**Oct 11, 2012**  
**Secretary of State**

**Entity Name:** UNIVERSAL HEALTH REHAB & MEDICAL CENTER INC

**Current Principal Place of Business:**

11890 SW 8 ST  
SUITE 302  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

11890 SW 8 ST  
SUITE 302  
MIAMI, FL 33184

**New Mailing Address:**

**FEI Number:** 27-2682035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYES-RAMOS, HARETTOGN M  
11890 SW 8 STREET, STE 302  
MIAMI, FL 33184 US

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

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:** HARETTOGN M REYES-RAMOS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** REYES-RAMOS, HARETTOGN M  
**Address:** 11890 SW 8 STREET, SUITE 302  
**City-St-Zip:** MIAMI, FL 33184

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:** HARETTOGN M REYES-RAMOS

P

10/11/2012

Electronic Signature of Signing Officer or Director

Date