

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000040694

**FILED**  
**Nov 18, 2013**  
**Secretary of State**

**Entity Name:** EXCELLENT REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

5757 S.W. 8TH ST., STE 201  
MIAMI, FL 33144

**New Principal Place of Business:**

4445 WEST 16TH AVE  
SUITE 311  
HIALEAH, FL 33012

**Current Mailing Address:**

5757 S.W. 8TH ST., STE 201  
MIAMI, FL 33144

**New Mailing Address:**

4445 WEST 16TH AVE  
SUITE 311  
HIALEAH, FL 33012

**FEI Number:** 27-2549924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SANCHEZ-RODRIGUEZ, ANDRES  
5757 S W 8ST  
201  
MIAMI, FL 33144 US

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

CHAVEZ, DANIA  
4445 WEST 16TH AVE  
311  
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: DANIA CHAVEZ

11/18/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAVEZ, DANIA  
Address: 4445 WEST 16TH AVE SUITE 311  
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: DANIA CHAVEZ

P

11/18/2013

Electronic Signature of Signing Officer or Director

Date