2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 03, 2014
Secretary of State

DOCUMENT# P10000068139

Entity Name: ABSOLUTE REHABILITATION CENTER, INC.

Current Principal Place of Business:

4999 W. 8TH AVE
SUITE # 26
HIALEAH, FL 33012 US

New Principal Place of Business:

1140 WEST 50 ST
403
HIALEAH, FL 33012 US

Current Mailing Address:

4999 W. 8TH AVE
SUITE # 26
HIALEAH, FL 33012 US

New Mailing Address:

1140 WEST 50 ST
403
HIALEAH, FL 33012 US

FEI Number: 27-3289101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTINI, PATRIA M
4999 W. 8TH AVE.
SUITE# 26
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CORREA, JUAN C
1140 WEST 50 ST
403
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 01/03/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: CORREA, JUAN C
Address: 1140 WEST 50 ST SUITE 403
City-St-Zip: HIALEAH, FL 33012 US

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 P 01/03/2014
Electronic Signature of Signing Officer or Director Date