


2006 FOR PROFIT CORPORATION REINSTATEMENT

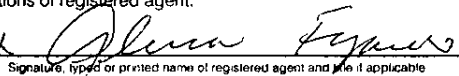
DOCUMENT # P96000014528		
1. Entity Name GOLDEN HEALTH REHABILITATION CENTER, INC.		

Principal Place of Business 7371-7375 SW 24 ST. 7371-7373-7375 MIAMI, FL 33155 US	Mailing Address 7371-7375 SW 24 ST. 7371-7373-7375 MIAMI, FL 33155 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

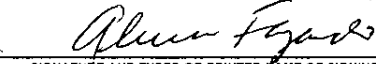
6. Name and Address of Current Registered Agent	
FAJARDO, ALICIA 6715 TAMIAMI CANAL RD MIAMI, FL 33126	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, ALICIA	NAME	
STREET ADDRESS	6715 TAMIAMI CANAL RD	STREET ADDRESS	500080816015
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	10/13/06--01011--005 **758.75
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, ALICIA	NAME	
STREET ADDRESS	6715 TAMIAMI CANAL RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED

06 OCT 13 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052006 REIN-P CR2E098 (11/05)

4. FEI Number 65-0639981	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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REINSTATEMENT

20 10/18