

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000014528

FILED
May 13, 2009
Secretary of State

Entity Name: GOLDEN HEALTH REHABILITATION CENTER, INC.

Current Principal Place of Business:

7371-7375 SW 24 ST.
7371-7373-7375
MIAMI, FL 33155 US

New Principal Place of Business:

7230 SW 39 CT
MIAMI, FL 33155 US

Current Mailing Address:

7371-7375 SW 24 ST.
7371-7373-7375
MIAMI, FL 33155 US

New Mailing Address:

7230 SW 39 CT
MIAMI, FL 33155 US

FEI Number: 65-0639981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAJARDO, ALICIA
6715 TAMiami CANAL RD
MIAMI, FL 33126 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: ALICIA FAJARDO

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: FAJARDO, ALICIA
Address: 6715 TAMiami CANAL RD
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: FAJARDO, ALICIA
Address: 6715 TAMiami CANAL RD
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALICIA FAJARDO

D

05/13/2009

Electronic Signature of Signing Officer or Director

Date