

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000092788

FILED
Feb 20, 2006
Secretary of State

Entity Name: FLORIDA REHABILITATION CLINIC, INC.

Current Principal Place of Business:

1990 SW 1ST STREET
MIAMI, FL 33135

New Principal Place of Business:

9744 SW 24TH STREET
MIAMI, FL 33165

Current Mailing Address:

1990 SW 1ST STREET
MIAMI, FL 33135

New Mailing Address:

9744 SW 24TH STREET
MIAMI, FL 33165

FEI Number: 65-0796827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ORLANDO
1990 S.W. 1ST ST.
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

ERNESTO, MONTANER
9744 SW 24TH STREET
MIAMI, FL 33165 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: ERNESTO MONTANER

02/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: GONZALEZ, ORLANDO
Address: 1919 S.W. 1 STREET
City-St-Zip: MIAMI, FL 33135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MONTANER, ERNESTO
Address: 9744 SW 24TH STREET
City-St-Zip: MIAMI, FL 33165

Title: PVST () Change (X) Addition
Name: VARONA, JOSE A
Address: 9744 SW 24TH STREET
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE A VARONA

PVST

02/20/2006

Electronic Signature of Signing Officer or Director

Date