

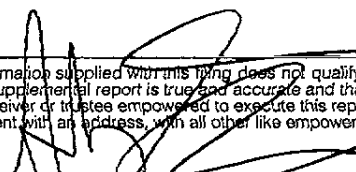


**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # V01354</b> 1. Entity Name <b>PINES REHAB, INC.</b></div><div style="text-align: center;"></div></div>		<b>Secretary of State</b>																																																	
<div style="display: flex; justify-content: space-between;"><div><b>Principal Place of Business</b> PINES REHAB 12542 PINES BLVD PEMBROKE PINES, FL 33027</div><div><b>Mailing Address</b> PINES REHAB 12542 PINES BLVD PEMBROKE PINES, FL 33027</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;"><span>01112006</span><span>No Chg-P</span><span>CR2E034 (11/05)</span></div>																																																	
<b>DO NOT WRITE IN THIS SPACE</b>		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number <b>65-0304762</b></td><td style="width:20%; text-align: center;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>		4. FEI Number <b>65-0304762</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																													
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																			
<b>6. Name and Address of Current Registered Agent</b>  SERNA, ANDRES 2880 EVERGREEN WAY COOPER CITY, FL 33026		<b>DO NOT WRITE IN THIS SPACE</b>																																																	
<b>8.</b> 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.																																																			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																	
		1100000387438 01/19/06-80030-006 150.00																																																	
<b>10. OFFICERS AND DIRECTORS</b>																																																			
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<b>12.</b> 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.		<b>DO NOT WRITE IN THIS SPACE</b>																																																	
<b>SIGNATURE:</b> 		<b>Andy Serna</b> president 01/13/06 954885-21																																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																																	