

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P14000073989

**Entity Name:** MARTINEZ QUALITY HEALTH & REHABILITATION, INC.

**Current Principal Place of Business:**

6840 SW 14TH STREET  
MIAMI, FL 33144

**Current Mailing Address:**

6840 SW 14TH STREET  
MIAMI, FL 33144

**FEI Number:** 47-1811640

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTINEZ, NATALIE  
6840 SW 14TH STREET  
MIAMI, FL 33144 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:** NATALIE MARTINEZ

01/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ, NATALIE  
Address 6840 SW 14TH STREET  
City-State-Zip: MIAMI FL 33144

*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:** NATALIE MARTINEZ

REGISTERED AGENT

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date