2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 24, 2012
Secretary of State

DOCUMENT# P01000046491

Entity Name: COASTAL THERAPY & LEARNING CENTER, INC.

Current Principal Place of Business:

228 PONTE VEDRA PARK DRIVE
SUITE 800
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

2730 ISABELLA BLVD
SUITE 10
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

228 PONTE VEDRA PARK DRIVE
SUITE 800
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

2730 ISABELLA BLVD
SUITE 10
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-3715086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOTOWYCZ, NANCY T
228 PONTE VEDRA PARK DRIVE
SUITE 800
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

TURNER, NANCY
2730 ISABELLA BLVD
SUITE 10
JACKSONVILLE BEACH, FL 32250 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: NANCY TURNER 01/24/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P D
Name: TURNER, NANCY
Address: 2730 ISABELLA BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: NANCY TURNER P 01/24/2012
Electronic Signature of Signing Officer or Director Date