

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000094964

**FILED**  
**Sep 29, 2008**  
**Secretary of State**

**Entity Name:** THERAPY ZONE CENTER, INC.

**Current Principal Place of Business:**

320 SW 21ST RD.  
MIAMI, FL 33129

**New Principal Place of Business:**

333 SW 133 PLACE  
MIAMI, FL 33184

**Current Mailing Address:**

320 SW 21ST RD.  
MIAMI, FL 33129

**New Mailing Address:**

333 SW 133 PLACE  
MIAMI, FL 33184

FEI Number: 20-5321322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORREA, NIDIA  
320 SW 21ST RD.  
MIAMI, FL 33129 US

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

RIAL, NIDIA C  
333 SW 133 PLACE  
MIAMI, FL 33184 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: NIDIA C. RIAL

09/29/2008

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: PD ( ) Delete  
Name: CORREA, NIDIA  
Address: 320 SW 21ST RD.  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RIAL, NIDIA C  
Address: 333 SW 133 PLACE  
City-St-Zip: MIAMI, FL 33184

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: NIDIA C RIAL

PD

09/29/2008

Electronic Signature of Signing Officer or Director

Date