

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000067405

**Entity Name:** RESTORATIVE THERAPY INC.

**Current Principal Place of Business:**

8308 CRESSIDA COURT  
LAND O LAKES, FL 34637

**Current Mailing Address:**

POST OFFICE 5005  
SPRING HILL, FL 34611 US

**FEI Number: 27-2017482**

**Certificate of Status Desired: No**

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

HALLATT, JAMES  
8308 CRESSIDA COURT  
LAND O LAKES, FL 34637 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HALLATT, JAMES  
Address 8308 CRESSIDA COURT  
City-State-Zip: LAND O LAKES FL 34637

Title VPT  
Name NYE, ROBERT  
Address 8308 CRESSIDA COURT  
City-State-Zip: LAND O LAKES FL 34637

*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: JAMES P HALLATT**

**PRESIDENT**

**04/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date