

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000067405

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC7867012261**

**Entity Name:** RESTORATIVE THERAPY INC.

**Current Principal Place of Business:**

4121 MARINER BLVD  
SPRING HILL, FL 34609

**Current Mailing Address:**

4121 MARINER BLVD  
SPRING HILL, FL 34609

**FEI Number: 27-2017482**

**Certificate of Status Desired: Yes**

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

HALLATT, JAMES  
4121 MARINER BLVD  
SPRING HILL, FL 34609 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 4121 MARINER BLVD  
City-State-Zip: SPRING HILL FL 34609

Title VPT  
Name NYE, ROBERT  
Address 4121 MARINER BLVD  
City-State-Zip: SPRING HILL FL 34609

Title VP  
Name SPIEGEL, JUSTIN  
Address 4121 MARINER BLVD  
City-State-Zip: SPRING HILL FL 34609

*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 PATRICK HALLATT**

**PRESIDENT**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date