

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000004536

FILED
Nov 01, 2005
Secretary of State

Entity Name: VALLEY PHYSICAL THERAPY AND SPORTS MEDICINE SERVICES, P.C.

Current Principal Place of Business:

1251 SOUTH MAIN STREET
MIDDLETOWN, CT 06457

New Principal Place of Business:

Current Mailing Address:

PO BOX 1149
MIDDLETOWN, CT 06457

New Mailing Address:

FEI Number: 06-1117215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARDY, WILLIAM
133 LISBON COURT
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

HARDY, WILLIAM M
133 LISBON COURT
ISLAMORADA, FL 33036 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: WILLIAM M HARDY

11/01/2005

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: PCD () Delete
Name: GRIFFIN, STEPHEN
Address: 79 HONEY HILL ROAD
City-St-Zip: EAST HADDAM, CT

Title: SD () Delete
Name: HARDY, WILLIAM
Address: 133 LISBON COURT
City-St-Zip: ISLAMORADA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: GRIFFIN, STEPHEN E
Address: 79 HONEY HILL ROAD
City-St-Zip: EAST HADDAM, CT

Title: SD (X) Change () Addition
Name: HARDY, WILLIAM M
Address: 133 LISBON COURT
City-St-Zip: ISLAMORADA, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN E GRIFFIN

PRES

11/01/2005

Electronic Signature of Signing Officer or Director

Date