

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000000491

FILED
Oct 05, 2010
Secretary of State

Entity Name: INT THERAPY CENTER, LLC

Current Principal Place of Business:

6450 FIRST AVE NORTH
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6450 FIRST AVE NORTH
SAINT PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 82-0580267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, JOHN
6450 FIRST AVE. NORTH
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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: JOHN FITZGERALD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: INSTITUTE OF NATURAL THERAPUTICS, LLC
Address: 6450 FIRST AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN FITZGERALD

MGR

10/05/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date