2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# L04000094338

Entity Name: POLK THERAPY, LLC

Current Principal Place of Business:

2530 COUNTRY CLUB ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

346 E. CENTRAL AVE.
WINTER HAVEN, FL 33880

Current Mailing Address:

P.O. BOX 9451
WINTER HAVEN, FL 33882

New Mailing Address:

P.O. BOX 7272
WINTER HAVEN, FL 33883

FEI Number: 02-0749435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TUCKER, MARK
2530 COUNTRY CLUB ROAD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

TUCKER, MARK
346 E. CENTRAL AVE.
WINTER HAVEN, FL 33880 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: MARK E. TUCKER 01/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TUCKER, MARK
Address: 2530 COUNTRY CLUB ROAD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TUCKER, MARK E OWNER
Address: 346 E. CENTRAL AVE.
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK E. TUCKER OWNE 01/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date