

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 13, 2005
Secretary of State**

DOCUMENT# N02000009311

Entity Name: BIOLOGICAL THERAPY INSTITUTE, INC.

Current Principal Place of Business:

11 WEST POINT DRIVE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

501 NORTHWEST AVE. F
PO BOX 1353
CARRABELLE, FL 32322

Current Mailing Address:

1317 GORDON AVE.
THOMASVILLE, GA 31792

New Mailing Address:

FEI Number: 62-1212221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLDHAM, ROBERT K II
11 WEST POINT DR.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

OLDHAM, ROBERT K MD
501 NORTHWEST AVE. F
CARRABELLE, FL 32322 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: ROBERT K. OLDHAM MD 10/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: OLDHAM, ROBERT K MD
Address: 1317 GORDON AVE.
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. OLDHAM MD CEO 10/13/2005
Electronic Signature of Signing Officer or Director Date