2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 27, 2007
Secretary of State

DOCUMENT# N04000009330

Entity Name: THERAPEUTICALLY SPEAKING INC.

Current Principal Place of Business:

2020 NE 163RD ST - STE 205 B
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

2020 NE 163RD ST - STE 205 B
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 81-0656077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPEARS, PAMELA
2020 NE 163RD ST - STE 205 B
N MIAMI BEACH, FL 33162 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: PAMELA SPEARS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SPEARS, PAMELA DR
Address: 2020 NE 163RD ST - STE 205 B
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: SPEAR, DOLLIE MAE
Address: 2020 NE 163RD ST - STE 205 B
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: SPEAR, ISAAC JR
Address: 2020 NE 163RD ST - STE 205 B
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAMELA SPEARS D 07/27/2007

Electronic Signature of Signing Officer or Director — Date