

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000002109

FILED
Nov 30, 2007
Secretary of State

Entity Name: PEDIATRIC THERAPY SPONSORSHIP FOUNDATION, INC.

Current Principal Place of Business:

9318 E COLONIAL DR STE B1
ORLANDO, FL 32817

New Principal Place of Business:

9318 E COLONIAL DR STE B3
ORLANDO, FL 32817

Current Mailing Address:

9318 E COLONIAL DR STE B1
ORLANDO, FL 32817

New Mailing Address:

9318 E COLONIAL DR STE B3
ORLANDO, FL 32817

FEI Number: 20-2238027 **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:

DUNLEVY, MICHAEL
9318 E COLONIAL DR STE B1
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

DUNLEVY, MICHAEL
9318 E COLONIAL DR STE B3
ORLANDO, FL 32817 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: MICHAEL D DUNLEVY

11/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUNLEVY, MICHAEL
Address: 764 PINE MEADOWS RD
City-St-Zip: ORLANDO, FL 32825

Title: V () Delete
Name: DUNLEVY, MINDY
Address: 764 PINE MEADOWS RD
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: MORENO, DEBBIE
Address: 9533 CHANDON DR
City-St-Zip: ORLANDO, FL 32825

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: MICHAEL D DUNLEVY

P

11/30/2007

Electronic Signature of Signing Officer or Director

Date