2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 07, 2005
Secretary of State

DOCUMENT# P00000020386

Entity Name: HARBOR PHYSICAL THERAPY & MASSAGE, INC.

Current Principal Place of Business:

1090 KANE CONCOURSE STE. 203
BAY HARBOR ISLAND, FL 33154

New Principal Place of Business:

1090 KANE CONCOURSE
SUITE 102
BAY HARBOR ISLAND, FL 33154

Current Mailing Address:

1090 KANE CONCOURSE STE. 203
BAY HARBOR ISLAND, FL 33154

New Mailing Address:

1090 KANE CONCOURSE
SUITE 102
BAY HARBOR ISLAND, FL 33154

FEI Number: 65-0987748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METSCH, BENJAMIN R
1385 NW 15TH STREET
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

DURANTE, PAT N
9125 FROUDE AVE.
SURFSIDE, FL 33154 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: DURANTE, PAT N. 06/07/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOZANO, HUMBERTO
Address: 1090 KANE CONCOURSE STE. 203
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: TD (X) Delete
Name: JONES, CHARLES R
Address: 1090 KANE CONCOURSE STE. 203
City-St-Zip: BAY HARBOR ISLAND, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOZANO, HUMBERTO
Address: 1090 KANE CONCOURSE STE. SUITE 102
City-St-Zip: BAY HARBOR ISLAND, FL 33154

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

SIGNATURE: LOZANO, HUMBERTO PD 06/07/2005
Electronic Signature of Signing Officer or Director Date