

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000017733

FILED
Nov 19, 2009
Secretary of State

Entity Name: BACK TO LIFE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

596 NW 45TH DR.
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

596 NW 45TH DR.
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-1085850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTSKO, WENDY M
596 NW 45TH DR
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

HUTSKO - MAZAIRA, WENDY M
596 NW 45TH DR
DELRAY BEACH, FL 33445 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: WENDY HUTSKO MAZAIRA

11/19/2009

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: D () Delete
Name: HUTSKO, WENDY MPT
Address: 596 NW 45TH DR.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HUTSKO - MAZAIRA, WENDY M MPT
Address: 596 NW 45TH DR.
City-St-Zip: DELRAY BEACH, FL 33445

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

SIGNATURE: WENDY HUTSKO - MAZAIRA

D

11/19/2009

Electronic Signature of Signing Officer or Director

Date