2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# P01000105600

Entity Name: SHIRES PHYSICAL THERAPY, INC.

Current Principal Place of Business:

2385 TAMPA ROAD ST 3& 5US
PALM HARBOR, FL 34683 US

New Principal Place of Business:

2385 TAMPA ROAD ST 3
PALM HARBOR, FL 34683 US

Current Mailing Address:

PO BOX 102
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: 59-3754908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, STRATTON III
611 W AZEELE ST
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

SHIRES, HEATHER
440 LOCKLIE STREET
DUNEDIN, FL 34698 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: HEATHER SHIRES 01/29/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: SHIRES, WAYNE P C
Address: 2385 TAMPA RD ST 3&5
City-St-Zip: PALM HARBOR, FL 34683

Title: M ( ) Delete
Name: SHIRES, WAYNE P M
Address: 2385 TAMPA RD ST 3&5
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: SHIRES, WAYNE P D
Address: 2385 TAMPA RD ST 3&5
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: SHIRES, HEATHER A P
Address: 2385 TAMPA RD ST 3&5
City-St-Zip: PALM HARBOR, FL 34683

Title: V ( ) Delete
Name: SHIRES, WAYNE P V
Address: 2385 TAMPA RD ST 3&5
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete
Name: SHIRES, WAYNE P S
Address: 2385 TAMPA RD ST 3&5
City-St-Zip: PALM HARBOR, FL 34683

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:

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 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: HEATHER SHIRES D 01/29/2007
Electronic Signature of Signing Officer or Director Date