

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000033538

**Entity Name:** A.C.G. THERAPY CENTER, INC.

**FILED**  
**Jun 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4907 NW 43RD STREET  
SUITE C  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

4907 NW 43RD STREET  
SUITE C  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 02-0577810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIEDERKOHHR, CAROLYN H PRES  
4907 NW 43RD STREET  
SUITE C  
GAINESVILLE, FL 32606 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:** CAROLYN H. NIEDERKOHHR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NIEDERKOHHR, CAROLYN  
**Address:** 4907 NW 43RD STREET, STE C  
**City-St-Zip:** GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

**SIGNATURE:** CAROLYN H. NIEDERKOHHR

PRES

06/27/2011

Electronic Signature of Signing Officer or Director

Date