

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000045798

FILED
Mar 07, 2005
Secretary of State

Entity Name: VICTORES MEDICAL THERAPY, INC.

Current Principal Place of Business:

4819 E. BUSCH BOULEVARD
TAMPA, FL 33617

New Principal Place of Business:

3426 W KENNEDY BLVD
TAMPA, FL 33617

Current Mailing Address:

4819 E. BUSCH BOULEVARD
TAMPA, FL 33617

New Mailing Address:

3426 W KENNEDY BLVD
TAMPA, FL 33609

FEI Number: 41-2038714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: YUSSEL VICTORES

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: PSD () Delete
Name: VICTORES, YUSSEL
Address: 4819 E. BUSCH BOULEVARD
City-St-Zip: TAMPA, FL 33617

Title: VTD () Delete
Name: VICTORES, DENNYS
Address: 4819 E. BUSCH BOULEVARD
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: VICTORES, YUSSEL
Address: 3426 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

Title: VTD (X) Change () Addition
Name: VICTORES, DENNYS
Address: 3426 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

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: YUSSEL VICTORES

Electronic Signature of Signing Officer or Director

PRES

03/07/2005

Date