2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000054828

FILED Oct 18, 2006 Secretary of State

Entity Name: JAMES FORTIER OCCUPATIONAL THERAPY SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

POST OFFICE BOX 6022 OCALA, FL 34478

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 6022 OCALA, FL 34478

FEI Number: 22-3897438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

 FORTIER, JAMES
 FORTIER, JAMES

 5467 S.E. 44TH CIR.
 5467 S.E. 44TH CIR.

 OCALA,, FL 3448 US
 OCALA,, FL 34480 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: JAMES FORTIER 10/18/2006

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: () Change () Addition

 Name:
 FORTIER, JAMES
 Name:

 Address:
 POST OFFICE BOX 6022
 Address:

 City-St-Zip:
 OCALA, FL 34478
 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: JAMES FORTIER OWNE 10/18/2006