2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2007
Secretary of State

DOCUMENT# P03000054828

Entity Name: JAMES FORTIER OCCUPATIONAL THERAPY SERVICES, INC.

Current Principal Place of Business:

POST OFFICE BOX 6022
OCALA, FL 34478

New Principal Place of Business:

5467 SE 44TH CIR
OCALA, FL 34480

Current Mailing Address:

POST OFFICE BOX 6022
OCALA, FL 34478

New Mailing Address:

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

Name and Address of Current Registered Agent:

FORTIER, JAMES
5467 S.E. 44TH CIR.
OCALA,, FL 34480 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: JAMES FORTIER
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: P/D ( ) Delete
Name: FORTIER, JAMES
Address: POST OFFICE BOX 6022
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES FORTIER MR. 10/23/2007
Electronic Signature of Signing Officer or Director Date