2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2008
Secretary of State

DOCUMENT# P03000116414

Entity Name: ACTION HAND THERAPY, INC.

Current Principal Place of Business:

17380 ALTERNATE A-1-A
SUITE 305
JUPITER, FL 33477

New Principal Place of Business:

3401 PGA BOULEVARD
SUITE 500
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

17380 ALTERNATE A-1-A
SUITE 305
JUPITER, FL 33477

New Mailing Address:

P.O. BOX 31833
PALM BEACH GARDENS, FL 33420

FEI Number: 56-2406107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEROLA, JAMES R
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS, FL 33410 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 R. MEROLA

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: D ( ) Delete
Name: KIERNAN, LINDA S
Address: 700 KITTYHAWK WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete
Name: KIERNAN, WILLIAM B
Address: 700 KITTYHAWK WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LINDA S. KIERNAN D 10/09/2008

Electronic Signature of Signing Officer or Director — Date