2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# P04000000402

Entity Name: THERAPY RESOURCES INC.

Current Principal Place of Business:

870 20TH AVENUE NORTH
ST. PETERSBURG, FL 33704 US

New Principal Place of Business:

5180 KARLSBURG PLACE
PALM HARBOR, FL 34685 US

Current Mailing Address:

870 20TH AVENUE NORTH
ST. PETERSBURG, FL 33704 US

New Mailing Address:

5180 KARLSBURG PLACE
PALM HARBOR, FL 34685 US

FEI Number: 56-2442349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

GILLESPIE, IRIA
5180 KARLSBURG PLACE
PALM HARBOR, FL 34685 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: IRIA GILLESPIE 02/09/2006
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:

Title: PRES ( ) Delete
Name: GILLESPIE, IRIA
Address: 5180 KARLSBURG PLACE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: TREA (X) Delete
Name: KRAMER, FRANCES R
Address: 870 20TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704 US

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 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: IRIA GILLESPIE PRES 02/09/2006
Electronic Signature of Signing Officer or Director Date