2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# P04000048854

Entity Name: INNOVATIVE THERAPY, P.A.

Current Principal Place of Business:

957 BRIAR RIDGE ROAD
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

957 BRIAR RIDGE ROAD
WESTON, FL 33327

New Mailing Address:

327 FAIRMONT RD
WESTON, FL 33326

FEI Number: 20-0926600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNARD, HEIDI
957 BRIAR RIDGE ROAD
WESTON, FL 33327 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: HEIDI BERNARD
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: BERNARD, HEIDI
Address: 957 BRIAR RIDGE ROAD
City-St-Zip: WESTON, FL 33327

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: HEIDI BERNARD D 10/15/2009
Electronic Signature of Signing Officer or Director Date