

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000073951

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** CORNERSTONE THERAPY SERVICES, INC.

**Current Principal Place of Business:**

1101 W. HIBISCUS BLVD., SUITE 210  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

1101 W. HIBISCUS BLVD., SUITE 103  
MELBOURNE, FL 32901 US

**Current Mailing Address:**

1101 W. HIBISCUS BLVD., SUITE 210  
MELBOURNE, FL 32901 US

**New Mailing Address:**

1101 W. HIBISCUS BLVD., SUITE 103  
MELBOURNE, FL 32901 US

**FEI Number:** 20-1089982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PONTONES, CINDY L  
1101 W. HIBISCUS BLVD., SUITE 210  
MELBOURNE, FL 32901 US

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

PONTONES, CINDY L  
1101 W. HIBISCUS BLVD., SUITE 103  
MELBOURNE, FL 32901 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: CINDY L PONTONES

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPSP  
Name: PONTONES, CINDY L  
Address: 1101 W. HIBISCUS BLVD., SUITE 103  
City-St-Zip: MELBOURNE, FL 32901 US

I hereby 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 all other like empowered.

SIGNATURE: CINDY L PONTONES

DPSP

04/29/2011

Electronic Signature of Signing Officer or Director

Date