

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000082527

Entity Name: EINSTEIN THERAPY CENTER, INC.

FILED
Oct 19, 2009
Secretary of State

Current Principal Place of Business:

5910 SW ARCHER RD.
GAINESVILLE, FL 32608

New Principal Place of Business:

5211 SW 91ST TERR.
B
GAINESVILLE, FL 32608

Current Mailing Address:

5910 SW ARCHER RD.
GAINESVILLE, FL 32608

New Mailing Address:

5211 SW 91ST TERR.
B
GAINESVILLE, FL 32608

FEI Number: 20-2961175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLINSON, AMY F
12404 SW 9 AVE
NEWBERRY, FL 32669 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: AMY F. TOMLINSON

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 () Delete
Name: TOMLINSON, AMY F
Address: 12404 SW 9 AVE
City-St-Zip: NEWBERRY, FL 32669

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: AMY F. TOMLINSON

Electronic Signature of Signing Officer or Director

PRES

10/19/2009

Date