

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000165195

**FILED**  
**Oct 24, 2012**  
**Secretary of State**

**Entity Name:** VISTA THERAPY SERVICES, PA

**Current Principal Place of Business:**

6634 79TH AVENUE  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

1400 NE 55ST  
APT. 203  
FT. LAUDERDALE, FL 33334

**Current Mailing Address:**

6634 79TH AVENUE  
PINELLAS PARK, FL 33781

**New Mailing Address:**

1400 NE 55ST  
APT. 203  
FT. LAUDERDALE, FL 33334

**FEI Number:** 20-3990814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BENETT, DARREN L  
6634 79TH AVENUE  
PINELLAS PARK, FL 33781 US

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

BENETT, DARREN L  
1400 NE 55 ST  
APT. 203  
FT. LAUDERDALE, FL 33334 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: DARREN BENNETT

10/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BENNETT, DARREN L  
Address: 1400 NE 55 ST., APT. 203  
City-St-Zip: FT. LAUDERDALE, FL 33334

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: DARREN BENNETT

P

10/24/2012

Electronic Signature of Signing Officer or Director

Date