

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000019513

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** GOLDEN TOUCH PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

2886 TAMIAMI TRAIL  
UNIT 5  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

4161 TAMIAMI TRAIL  
UNIT 704  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2886 TAMIAMI TRAIL  
UNIT 5  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

4161 TAMIAMI TRAIL  
UNIT 704  
PORT CHARLOTTE, FL 33952

**FEI Number:** 20-4308734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINDSEY, ELIZABETH  
2886 TAMIAMI TRAIL  
UNIT 5  
PORT CHARLOTTE, FL 33952 US

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

LINDSEY, ELIZABETH  
4161 TAMIAMI TRAIL  
UNIT 704  
PORT CHARLOTTE, FL 33952 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: ELIZABETH LINDSEY

01/06/2010

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  
Name: LINDSEY, ELIZABETH  
Address: 2864 OCEANSIDE STREET  
City-St-Zip: NORTH PORT, FL 34286

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: ELIZABETH LINDSEY

D

01/06/2010

Electronic Signature of Signing Officer or Director

Date