2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P06000050584

Entity Name: COMPREHENSIVE THERAPY SERVICES, INC.

Current Principal Place of Business:

3932 N.W. 77TH AVENUE
HOLLYWOOD, FL 33024

New Principal Place of Business:

5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

3932 N.W. 77TH AVENUE
HOLLYWOOD, FL 33024

New Mailing Address:

5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986

FEI Number: 20-4660536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WENDY, SINES
3932 N.W. 77TH AVENUE
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

WENDY, SINES
5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986 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: WENDY SINES 02/06/2009
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: SINES, WENDY
Address: 3932 N.W. 77TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33024

Title: S ( ) Delete
Name: MAYRA, TORRES
Address: 3932 N.W. 77TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SINES, WENDY
Address: 5255 NW GAMMA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S (X) Change ( ) Addition
Name: MAYRA, TORRES
Address: 5255 NW GAMMA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: WENDY SINES D 02/06/2009
Electronic Signature of Signing Officer or Director Date