2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000062854

Entity Name: ULTRA THERAPY CARE CENTER CORP

FILED Apr 16, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
5854 WES HIALEAH,	T 20 AVENUE FL 33016	:			
Current Mailing Address:			New Mailing Address:		
5854 WES HIALEAH,	T 20 AVENUE FL 33016	:			
FEI Number:	20-4799980	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	LEJANDRO O T 20 AVENUE FL 33016				
	named entity of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: ALEJANI	DRO NALDA			
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (NALDA, ALEJA 5854 WEST 20 HIALEAH, FL (AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALEJANDRO NALDA P 04/16/2009