


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 11 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000097004					
1. Entity Name INDEPENDENCE THERAPY SERVICES, INC.					
Principal Place of Business 3001 SE LAKE WEIR AVENUE #1304 OCALA, FL 34471 US			Mailing Address 3001 SE LAKE WEIR AVENUE #1304 OCALA, FL 34471 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, SIMONE A 3001 SE LAKE WEIR AVENUE #1304 OCALA, FL 34471			Name <u>SIMONE CAMPBELL</u> Street Address (P.O. Box Number is Not Acceptable) <u>4956 SW 45th Circle</u> City <u>Ocala</u> FL <u>34474</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and initial, if applicable.</small>				DATE <u>10/9/07</u> <small>(NOT a Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, SIMONE A		NAME	<u>SIMONE CAMPBELL</u>	
STREET ADDRESS	3001 SE LAKE WEIR AVENUE		STREET ADDRESS	<u>4956 SW 45th Circle</u>	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	<u>Ocala, FL 34474</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10/10/07</u> (352) 207-7628 <small>Daytime Phone #</small>	



10092007 REIN-P CR2E098 (1/07)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name SIMONE CAMPBELL
Street Address (P.O. Box Number is Not Acceptable)
4956 SW 45th Circle
City Ocala FL 34474

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE [Signature]
Signature, typed or printed name of registered agent and initial, if applicable. DATE 10/9/07
(NOT a Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☒ Change ☐ Addition
NAME SIMONE CAMPBELL
STREET ADDRESS 4956 SW 45th Circle
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/10/07 (352) 207-7628
Daytime Phone #