2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# P06000119024

Entity Name: TRINITY HARBOR THERAPEUTIC SERVICES, INCORPORATED

Current Principal Place of Business:

7401 WILES RD., SUITE 149
CORAL SPRINGS, FL 33067

New Principal Place of Business:

7401 WILES RD., SUITE 150
CORAL SPRINGS, FL 33067

Current Mailing Address:

7401 WILES RD., SUITE 149
CORAL SPRINGS, FL 33067

New Mailing Address:

7401 WILES RD., SUITE 150
CORAL SPRINGS, FL 33067

FEI Number: 20-5551574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, DAVID W
351 NE 8TH AVENUE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

GORDON, ROBERT C
7401 WILES ROAD
150
CORAL SPRINGS, FL 33067 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: ROBERT C. GORDON 10/09/2009
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: P ( ) Delete
Name: GORDON, SHAWN M
Address: 7401 WILES RD., SUITE 149
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHAWN MICHELLE GORDON OWNE 10/09/2009
Electronic Signature of Signing Officer or Director Date