

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000066252

**FILED**  
**Oct 27, 2010**  
**Secretary of State**

**Entity Name:** CR THERAPY SERVICES INC

**Current Principal Place of Business:**

14105 SW 66 ST #C4  
MIAMI, FL 33183

**New Principal Place of Business:**

10300 SUNSET DRIVE SUITE 275 DE  
MIAMI, FL 33173

**Current Mailing Address:**

14105 SW 66 ST #C4  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 26-0315434      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARTIN, REBECA  
14105 SW 66 ST #C4  
MIAMI, FL 33183      US

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

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:** REBECA MARTIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARTIN, REBECA  
**Address:** 14105 SW 66 ST #C4  
**City-St-Zip:** MIAMI, FL 33183

**Title:** T  
**Name:** PEREZ, CIRSE  
**Address:** 2520 SW 69 AVE.  
**City-St-Zip:** MIAMI, FL 33155

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:** CIRSE PEREZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

10/27/2010

\_\_\_\_\_  
Date