

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000047435

**FILED**  
**Feb 17, 2014**  
**Secretary of State**

**Entity Name:** PEDIATRIC THERAPY CORP

**Current Principal Place of Business:**

5121 JACKSON STREET  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

2040 NE 163 STREET  
SUITE 306  
NORTH MIAMI BEACH, FL 33162 US

**Current Mailing Address:**

5121 JACKSON STREET  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

2040 NE 163 STREET  
SUITE 306  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 26-2588444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARTMAN, ELIZABETH  
5121 JACKSON STREET  
HOLLYWOOD, FL 33021 US

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

HARTMAN, ELIZABETH  
2040 NE 163RD STREET  
SUITE 306  
NORTH MIAMI BEACH, FL 33162 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: ELIZABETH HARTMAN

02/17/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HARTMAN, ELIZABETH  
Address: 2040 NE 163RD STREET, SUITE 306  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: ELIZABETH HARTMAN

PD

02/17/2014

Electronic Signature of Signing Officer or Director

Date