2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 17, 2010
Secretary of State

DOCUMENT# P08000076393

Entity Name: CUSTOMIZED PHYSICAL THERAPY.INC

Current Principal Place of Business:

3488 GASPARILLA ST.
SAINT JAMES CITY, FL 33956

New Principal Place of Business:

3544 N.E. 18TH AVE.
CAPE CORAL, FL 33909

Current Mailing Address:

3488 GASPARILLA ST.
SAINT JAMES CITY, FL 33956

New Mailing Address:

3544 N.E. 18TH AVE.
CAPE CORAL, FL 33909

FEI Number: 26-3174092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIL, GENEVIEVE C
3488 GASPARILLA ST.
SAINT JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

GIL, GENEVIEVE C
3544 N.E. 18TH AVE.
CAPE CORAL, FL 33909 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: GENEVIEVE C. GIL 06/17/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: GIL, GENEVIEVE C
Address: 3544 N. E. 18TH AVE.
City-St-Zip: CAPE CORAL, FL 33909 US

Title: TREA
Name: GIL, GENEVIEVE C
Address: 3544 N.E. 18TH AVE.
City-St-Zip: CAPE CORAL, FL 33909 US

Title: SEC
Name: GIL, GENEVIEVE C
Address: 3544 N.E. 18TH AVE.
City-St-Zip: CAPE CORAL, FL 33909 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: GENEVIEVE C. GIL PRES 06/17/2010
Electronic Signature of Signing Officer or Director Date