## 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000022149

Entity Name: MEDICAL THERAPY PRACTITIONERS, INC.

FILED Sep 28, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6301 MEMORIAL HWY 304

TAMPA, FL 33615 US

Current Mailing Address: New Mailing Address:

6301 MEMORIAL HWY P. O. BOX 262693 304 TAMPA, FL 33615 US

FEI Number: 27-1774764 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HERNANDEZ, EDDY ESPINOSA

6301 MEMORIAL HWY

STE 304

TAMPA, FL 33615 US

ESPINOSA HERNANDEZ, EDDY

6301 MEMORIAL HWY

STE 304

TAMPA, FL 33615 US

TAMPA, FL 33615 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: EDDY ESPINOSA HERNANDEZ 09/28/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: ESPINOSA HERNANDEZ, EDDY Address: 6301 MEMORIAL HWY., SUITE 304

City-St-Zip: TAMPA, FL 33615 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: EDDY ESPINOSA HERNANDEZ P 09/28/2010