2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 25, 2011
Secretary of State

DOCUMENT# P09000065685

Entity Name: REGIONAL THERAPY CENTER INC

Current Principal Place of Business:

2706 W ST ISABEL ST
STE D & C
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 151652
TAMPA, FL 33684 US

New Mailing Address:

FEI Number: 27-0668698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERWOOD, ALEXANDRA
2706 W ST ISABEL ST
STE D & C
TAMPA, FL 33684 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: ALEXANDRA SHERWOOD

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHERWOOD, ALEXANDRA
Address: 2706 W ST ISABEL ST STE D & C
City-St-Zip: TAMPA, FL 33607 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: ALEXANDRA SHERWOOD P 01/25/2011

Electronic Signature of Signing Officer or Director — Date