

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000067275

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** BROWARD THERAPY WORKS INC

**Current Principal Place of Business:**

6181 LAUREL LN A  
TAMARAC, FL 33319

**New Principal Place of Business:**

6181 LAUREL LANE  
UNIT A  
TAMARAC, FL 33319

**Current Mailing Address:**

6181 LAUREL LN A  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 27-0711518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTUNE, KAREN  
6181 LAUREL LN A  
TAMARAC, FL 33319 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:** KAREN KOHLER FORTUNE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FORTUNE, KAREN  
**Address:** 6181 LAUREL LN A  
**City-St-Zip:** TAMARAC, FL 33319

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:** KAREN KOHLER FORTUNE

P

06/14/2011

Electronic Signature of Signing Officer or Director

Date