

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000072798

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Entity Name:** SUSIE GLICK THERAPIST, INC.

**Current Principal Place of Business:**

3550 THURLOE DR  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

1970 MICHIGAN AVE BLDG J-2  
COCOA, FL 32922

**Current Mailing Address:**

3550 THURLOE DR  
ROCKLEDGE, FL 32955

**New Mailing Address:**

1970 MICHIGAN AVE BLDG J-2  
COCOA, FL 32922

**FEI Number:** 27-1492383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLICK, SUSIE C  
3550 THURLOE DR  
ROCKLEDGE, FL 32955 US

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

GLICK, SUSAN C  
3748 IMPERATA DR  
ROCKLEDGE, FL 32955 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: SUSAN C GLICK

03/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GLICK, SUSAN C  
Address: 3748 IMPERATA DR  
City-St-Zip: ROCKLEDGE, FL 32955

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: SUSAN C GLICK

P

03/16/2012

Electronic Signature of Signing Officer or Director

Date