

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000014641

FILED
Oct 02, 2012
Secretary of State

Entity Name: LY THERAPY CENTER INC.

Current Principal Place of Business:

6595 NW 36 ST STE 207
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

7265 W 3 AVE
HIALEAH, FL 33014

Current Mailing Address:

6595 NW 36 ST STE 207
VIRGINIA GARDENS, FL 33166

New Mailing Address:

5712 P.O BOX
HIALEAH, FL 33014

FEI Number: 45-1621710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, MARISLEY DIS
6595 NW 36 ST STE 207
VIRGINIA GARDENS, FL 33166 US

Name and Address of New Registered Agent:

CABRERA, MARISLEYDIS
7265 W 3 AV
HIALEAH, FL 33014 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: MARISLEYDIS CABRERA

10/02/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CABRERA, MARISLEYDIS
Address: 7265 W 3AVE
City-St-Zip: HIALEAH, FL 33014

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: MARISLEYDIS CABRERA

PD

10/02/2012

Electronic Signature of Signing Officer or Director

Date