2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# P92000002759

Entity Name: REGIONAL THERAPY SERVICES, INC.

Current Principal Place of Business:

2410 WEST PLAZA DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 999
MOULTRIE, GA 31776 US

New Mailing Address:

FEI Number: 59-3147110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOREMAN, DON
711 NW 23RD AVE. SUITE 2
GAINESVILLE, FL 32609 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: DON FOREMAN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S
Name: ALLEN, BELINDA G
Address: 2410 WEST PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P
Name: ALLEN, ROBERT S
Address: 2410 WEST PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: ROBERT S ALLEN PRES 01/03/2011

Electronic Signature of Signing Officer or Director — Date