

MAR-02-1998 13:21

HOLLAN & KNIGHT

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APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051974

1. Corporation Name

THERAPY USA, INC.

Principal Place of Business

Mailing Address

26 Island Road
Stuart, FL 349962000 Valley Gorge Towers
#108
King of Prussia, PA 19406

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
440 East Osceola3. New Mailing Address, if Applicable
440 East Osceola

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, FLCity & State
Stuart, FLZip
34994Country
USAZip
34994Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

July 21, 1993

5. FEI Number

65-0432867

Applied For

Not Applicable

CERTIFICATE OF STATUS DERIVED ☒59.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Robert D. Greene	440 East Osceola	Stuart, FL 34994
COO, S, D	Michael Sundheim	440 East Osceola	Stuart, FL 34994
P, D	Philip J. Anson	440 East Osceola	Stuart, FL 34994

8. Name and Address of Current Registered Agent

Robert D. Greene
26 Island Road
Stuart, FL 34996

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Robert D. Greene,

REGISTERED AGENT MUST SIGN

Registered Agent

Date February 27, 1998

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Robert D. Greene, Director 2/27/98

561-288-6200X12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED

98 MAR -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98
AD

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