

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000079823

FILED
Nov 02, 2004
Secretary of State

Entity Name: THERAPEUTIC MUSCULAR REHABILITATION, INC.

Current Principal Place of Business:

11217 SPRING HILL DR
SUITE 404
SPRING HILL, FL 34609 US

New Principal Place of Business:

78 COMMERCIAL WAY
UHL PLAZA
SPRING HILL, FL 34606 US

Current Mailing Address:

112717 SPRING HILL DR
SUITE 404
SPRING HILL, FL 34609 US

New Mailing Address:

78 COMMERCIAL WAY
UHL PLAZA
SPRING HILL, FL 34606 US

FEI Number: 59-3211524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARY E DISCALA
11217 SPRING HILL DR
SUITE 404
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

MARY E DISCALA
8196 TRANQUIL DRIVE
SPRING HILL, FL 34606 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: MARY E. DISCALA

11/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DISCALA, MARY E.
Address: 11217 SPRING HILL DR
City-St-Zip: SPRING HILL, FL

Title: VP () Delete
Name: TENNYSON, EILEEN A
Address: 11217 SPRING HILL DR
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: DISCALA, MARY E.
Address: 8196 TRANQUIL DR.
City-St-Zip: SPRING HILL, FL 34606

Title: VP (X) Change () Addition
Name: TENNYSON, EILEEN A
Address: 8196 TRANQUIL DRIVE
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY E. DISCALA

PRES

11/02/2004

Electronic Signature of Signing Officer or Director

Date