

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000085464

FILED
Apr 02, 2012
Secretary of State

Entity Name: HAND THERAPY CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

6624 WAKEFIELD DRIVE
FORT MYERS, FL 33912 US

New Principal Place of Business:

13300 SOUTH CLEVELAND AVE
SUITE #56
FORT MYERS, FL 33907 US

Current Mailing Address:

6624 WAKEFIELD DRIVE
FORT MYERS, FL 33912 US

New Mailing Address:

13300 SOUTH CLEVELAND AVE
SUITE #56
FORT MYERS, FL 33907 US

FEI Number: 65-0453562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUFARO, MICHAEL E
6624 WAKEFIELD DRIVE
FORT MYERS, FL 33912 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: MICHAEL E. TUFARO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: TUFARO, MICHAEL E
Address: 6624 WAKEFIELD DRIVE
City-St-Zip: FORT MYERS, FL 33912

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: MICHAEL E. TUFARO

D

04/02/2012

Electronic Signature of Signing Officer or Director

Date