

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000050337

**FILED**  
**Nov 29, 2006**  
**Secretary of State**

**Entity Name:** ABC PEDIATRIC THERAPY, INC.

**Current Principal Place of Business:**

9165 PARK DRIVE  
9  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

277 N.E. 97TH STREET  
MIAMI SHORES, FL 33138 US

**Current Mailing Address:**

ABC PEDIATRIC THERAPY, INC.  
P.O. BOX 531102  
MIAMI SHORES, FL 331531102 US

**New Mailing Address:**

ABC PEDIATRIC THERAPY, INC.  
277 N.E. 97TH STREET  
MIAMI SHORES, FL 33138 US

**FEI Number:** 65-0761146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLEMING, JENNIFER  
9165 PARK DRIVE  
9  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

FLEMING, JENNIFER  
277 N.E. 97TH STREET  
MIAMI SHORES, FL 33138 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: JENNIFER FLEMING

11/29/2006

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: PSO ( ) Delete  
Name: FLEMING, JENNIFER  
Address: 9165 PARK DRIVE , SUITE 9  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: VP ( ) Delete  
Name: PALMER, CYNTHIA  
Address: 9165 PARK DRIVE , SUITE 9  
City-St-Zip: MIAMI SHORES, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSO (X) Change ( ) Addition  
Name: FLEMING, JENNIFER  
Address: 277 N.E. 97TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: VP (X) Change ( ) Addition  
Name: PALMER, CYNTHIA  
Address: 1245 N.E. 98TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JENNIFER FLEMING

PSO

11/29/2006

Electronic Signature of Signing Officer or Director

Date