

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000050337

**FILED**  
**Nov 01, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

ABC PEDIATRIC THERAPY, INC.  
P.O. BOX 531102  
MIAMI, FL 33153-110 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  
277 N.E. 97TH STREET  
MIAMI SHORES, FL 33138 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: JENNIFER FLEMING

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: PALMER, CYNTHIA  
Address: 277 NE 97 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

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: JENNIFER FLEMING

PRES

11/01/2010

Electronic Signature of Signing Officer or Director

Date