

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000100913

**FILED**  
**Oct 11, 2012**  
**Secretary of State**

**Entity Name:** BEST THERAPY CENTER INC.

**Current Principal Place of Business:**

1250 SW 27TH AVE  
SUITE 403  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1250 SW 27TH AVE  
SUITE 403  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 65-0797085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDUARDO, DELGADO E PD  
1250 SW 27TH AVE  
SUITE 403  
MIAMI, FL 33135 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:** EDUARDO DELGADO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DELGADO, EDUARDO E PD  
**Address:** 1250 SW 27TH AVE 403  
**City-St-Zip:** MIAMI, FL 33135

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:** EDUARDO DELGADO

PD

10/11/2012

Electronic Signature of Signing Officer or Director

Date