2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000054117

Entity Name: MASSIE-OSBORNE THERAPY SERVICES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
133 TREASURE ISLAND CSWY TREASURE ISLAND, FL 33706 US	133 TREASURE ISLAND CAUSEWAY TREASURE ISLAND, FL 33706 US
Current Mailing Address:	**New Mailing Address:**
133 TREASURE ISLAND CSWY TREASURE ISLAND, FL 33706 US	133 TREASURE ISLAND CAUSEWAY TREASURE ISLAND, FL 33706 US

FEI Number: 59-3580914   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GAYTON, JOSEPH E 116 TREASURE ISLAND CAUSEWAY TREASURE ISLAND, FL 33706 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: JOE GAYTON
                       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:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: DPTS ( ) Delete	Title: ( ) Change ( ) Addition
Name: MASSIE-OSBORNE, KELLIE S	Name:
Address: 12505 FOURTH STREET EAST	Address:
City-St-Zip: TREASURE ISLAND, FL 33706	City-St-Zip:
Title: VD ( ) Delete	Title: ( ) Change ( ) Addition
Name: OSBORNE, ROBERT JR	Name:
Address: 12505 FOURTH STREET EAST	Address:
City-St-Zip: TREASURE ISLAND, FL 33706	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KELLIE MASSIE-OSBORNE   PRES   10/15/2009
                       Electronic Signature of Signing Officer or Director   Date