MAR-02-1998 13:21 HOLLAN & KNIGHT 9544632830 P.02/02

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR -3 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051974

1. Corporation Name

THERAPY USA, INC.

Principal Place of Business	Mailing Address
26 Island Road Stuart, FL 34996	2000 Valley Gorge Towers #108 King of Prussia, PA 19406

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

97-98 AR

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
440 East Osceola	440 East Osceola
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 21, 1993

5. FEI Number: 65-0432867 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Robert D. Greene	440 East Osceola	Stuart, FL 34994
COO, S, D	Michael Sundheim	440 East Osceola	Stuart, FL 34994
P, D	Philip J. Anson	440 East Osceola	Stuart, FL 34994

8. Name and Address of Current Registered Agent

Robert D. Greene
26 Island Road
Stuart, FL 34996

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Robert D. Greene, Registered Agent (REGISTERED AGENT MUST SIGN) Date: February 27, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert D. Greene, Director 2/27/98 561-288-6200X12
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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****908.75 ****908.75

TOTAL P.02