2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000020354

1. Entity Name
FOLLOW THROUGH PHYSICAL THERAPY SERVICES LLC

FILED
05 MAR 16 PM 2:36
TALLAHASSEE FLORIDA

MJH

Principal Place of Business	Mailing Address
12749 WEST HILLSBOROUGH AVE SUITE A TAMPA, FL 33635	12749 WEST HILLSBOROUGH AVE SUITE A TAMPA, FL 33635

03072005 REIN-LLC CR2E101 (6/04) 3/16

2. Principal Place of Business	3. Mailing Address
36181 EAST LAKE Rd	36181 EAST LAKE Rd
Suite, Apt. #, etc.: Suite 195	Suite, Apt. #, etc.: Suite 195
City & State: Palm Harbor Fl	City & State: Palm Harbor Fl
Zip: 34685 USA	Zip: 34685 USA

4. FEI Number: 77-0601955 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: 618703 ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELSH, AMY W 4639 AYRON TERRACE PALM HARBOR, FL 34685	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Amy W. Welsh MGR 4639 Auron Terrace Palm Harbor Fl 34685 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Amy W. Welsh 4639 Auron Terrace Palm Harbor Fl 34685 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S04131900523 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	04/30/04 900068 011 $50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600048865566 03/22/05--01040--002 **50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2004-2005 W/O penalty ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3-4-05 727 244-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #