

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

BJH

Principal Place of Business 12749 WEST HILLSBOROUGH AVE SUITE A TAMPA, FL 33635	Mailing Address 12749 WEST HILLSBOROUGH AVE SUITE A TAMPA, FL 33635
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2. Principal Place of Business 36181 EAST LAKE RD Suite 195 Palm Harbor FL	3. Mailing Address 36181 EAST LAKE RD Suite 195 Palm Harbor FL
City & State Palm Harbor FL	City & State Palm Harbor FL
Zip 34685	Zip 34685



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

4. FEI Number 77-0601955 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WELSH, AMY W
4639 AYRON TERRACE
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

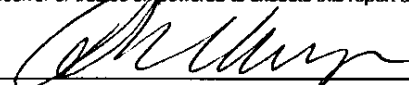
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Amy W. Welsh MAR 4639 Ayrton Terrace Palm Harbor FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Amy W. Welsh 4639 Ayrton Terrace Palm Harbor FL 34685 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50413900623 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/30/04 90068 011 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600048865566 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	w/o penalty ☐ 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:  727 3-4-05 244-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #