

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000057357

FILED
Jun 16, 2008
Secretary of State

Entity Name: PHYSICAL THERAPY PROFESSIONALS & ASSOCIATES INC.

Current Principal Place of Business:

4 OFFICE PARK DR., POD 1
PALM COAST, FL 32137

New Principal Place of Business:

6 FLORIDA PARK DRIVE N
SUITE C
PALM COAST, FL 32137

Current Mailing Address:

4 OFFICE PARK DR., POD 1
PALM COAST, FL 32137

New Mailing Address:

6 FLORIDA PARK DRIVE N
SUITE C
PALM COAST, FL 32137

FEI Number: 59-3718586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINOPOL, EMELDA
6 FLORIDA PARK DR, STE C
PALM COAST, FL 32137 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: EMELDA DINOPOL

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:

Title: PTD () Delete
Name: DINOPOL, EMELDA
Address: 6 FLORIDA PK DR N STE C
City-St-Zip: PALM COAST, FL 32137

Title: V (X) Delete
Name: MARIANO, CORNELIA
Address: 6 FLORIDA PARK DR, N STE C
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: EMELDA DINOPOL

Electronic Signature of Signing Officer or Director

PRES

06/16/2008

Date