

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000080631

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Entity Name:** ALL ABOUT PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

7332 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7332 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 20-0130964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELMANA, MARCELA  
7332 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063 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:** MARCELA BELMANA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BELMANA, MARCELA  
**Address:** 7332 WEST ATLANTIC BOULEVARD  
**City-St-Zip:** MARGATE, FL 33063 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARCELA BELMANA

P

10/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date