

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000112054

**FILED
Jun 19, 2011
Secretary of State**

Entity Name: ALLIN PHYSICAL THERAPY, LLC

Current Principal Place of Business:

12413 WOODBURY COVE DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

12413 WOODBURY COVE DRIVE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 27-1363801 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOLENTINO, JONATHAN ESQ.
501 GOODLETTE RD.
STE. D-100
NAPLES, FL 34102 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: JONATHAN TOLENTINO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GAJO, JULINES R
Address: 12413 WOODBURY COVE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: MGRM
Name: GAJO, RICHARD P
Address: 12413 WOODBURY COVE DRIVE
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD GAJO

MGRM

06/19/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date