2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# F97000003770

Entity Name: BAYONNE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

3906 TAMIAMI TRAIL EAST
SUITE A
NAPLES, FL 34112 US

New Principal Place of Business:

5263 GOLDEN GATE PKWY.
SUITE E
NAPLES, FL 34116 US

Current Mailing Address:

3906 TAMIAMI TRAIL EAST
SUITE A
NAPLES, FL 34112 US

New Mailing Address:

5263 GOLDEN GATE PKWY.
SUITE E
NAPLES, FL 34116 US

FEI Number: 22-3360659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTESE, DIANNE
3906 EAST TAMIAMI TRAIL
STE A
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

CORTESE, DIANNE
5263 GOLDEN GATE PKWY.
SUITE E
NAPLES, FL 34116 US

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: DIANNE CORTESE 09/29/2009
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: PCSD ( ) Delete
Name: CORTESE, DIANNE
Address: 3906 A EAST TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

Title: PCSD ( ) Delete
Name: KYTHREOTIS, ELIAS
Address: 3906 A EAST TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCSD (X) Change ( ) Addition
Name: CORTESE, DIANNE
Address: 5263 GOLDEN GATE PKWY. SUITE E
City-St-Zip: NAPLES, FL 34116

Title: PCSD (X) Change ( ) Addition
Name: KYTHREOTIS, ELIAS
Address: 5263 GOLDEN GATE PKWY. SUITE E
City-St-Zip: NAPLES, FL 34116

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: ELIAS KYTHREOTIS PCSD 09/29/2009
Electronic Signature of Signing Officer or Director Date