

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000012117

FILED
Oct 16, 2012
Secretary of State

Entity Name: FLORIDA THERAPY CENTER OF MELBOURNE, LLC

Current Principal Place of Business:

1698 WEST HIBISCUS BLVD
SUITE A
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1698 WEST HIBISCUS BLVD
SUITE A
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 03-0453497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRONMAN, MATHEW
520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937 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: MATHEW S KRONMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KRONMAN, MATHEW S
Address: 520 ANDROS LANE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: MGR
Name: SWANSON, ERIC A
Address: 350 SEA GRAPE STREET
City-St-Zip: INDIALANTIC, FL 32903 US

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: MATHEW S KRONMAN

MGR

10/16/2012

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