

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000042339

FILED
Mar 31, 2009
Secretary of State

Entity Name: PINEAPPLE PHYSICAL THERAPY, PL

Current Principal Place of Business:

4164 ROBERTS POINT CIRCLE
SARASOTA, FL 34242 US

New Principal Place of Business:

2100 S. TAMIAMI TRAIL
SUITE 201
SARASOTA, FL 34239 US

Current Mailing Address:

4164 ROBERTS POINT CIRCLE
SARASOTA, FL 34242 US

New Mailing Address:

PO BOX 1537
SARASOTA, FL 342301537 US

FEI Number: 20-0388746 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RIDDELL, JEFFERSON F ESQ
3400 S TAMIAMI TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

SHEPARD, JENNIFER E
2100 S TAMIAMI TRAIL
SUITE 201
SARASOTA, FL 34239 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: JENNIFER SHEPARD

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRYE, JAY
Address: 4164 ROBERTS POINT CIRCLE
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

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 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: JAY FRYE

MGR

03/31/2009

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