

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000021428

**Entity Name:** UNITY THERAPY SERVICES, LLC

**FILED**  
**Dec 22, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

665 BEVILLE ROAD, SUITE L  
SOUTH DAYTONA, FL 32119

**New Principal Place of Business:**

P. O. BOX 250144  
HOLLY HILL, FL 32125

**Current Mailing Address:**

665 BEVILLE ROAD, SUITE L  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

P. O. BOX 250144  
HOLLY HILL, FL 32125

**FEI Number:** 20-0892023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAEED, ASAAD  
665 BEVILLE ROAD, SUITE L  
SOUTH DAYTONA, FL 32119 US

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

SAEED, ASAAD  
1825B RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117 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: ASAAD SAEED

12/22/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SAEED, ASAAD  
Address: 665 BEVILLE ROAD, SUITE L  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: MGR (X) Delete  
Name: WISE, MICHAEL A  
Address: 665 BEVILLE ROAD, SUITE L  
City-St-Zip: SOUTH DAYTONA, FL 32119

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAEED, ASAAD  
Address: 1825B RIDGEWOOD AVENUE  
City-St-Zip: HOLLY HILL, FL 32117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ASAAD SAEED

MGR

12/22/2005

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