

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000047620

**FILED**  
**Oct 05, 2014**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY BY DESIGN, LLC

**Current Principal Place of Business:**

4177 NW 28TH AVE  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

4177 NW 28TH AVE  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 20-1286985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAPLAN, LESLIE  
4177 NW 28TH AVE  
BOCA RATON, FL 33434 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:** LESLIE KAPLAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** KAPLAN, LESLIE  
**Address:** 4177 NW 28TH  
**City-St-Zip:** BOCA RATON, FL 33434 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** LESLIE KAPLAN

MGR

10/05/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date