

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000088496

**FILED**  
**Jan 11, 2013**  
**Secretary of State**

**Entity Name:** PEDIATRIC THERAPY SERVICES OF GREATER ORLANDO, LLC

**Current Principal Place of Business:**

886 SOUTH DILLARD ST.  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

5036 DR.PHILLIPS BLVD  
#364  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-1990437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASMA, WILLIAM N P.A.  
884 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787 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: WILLIAM N. ASMA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOOTEN, JAN L  
Address: 4814 WINGROVE BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: MGR  
Name: WOOTEN, HOBART E  
Address: 4814 WINGROVE BLVD  
City-St-Zip: ORLANDO, FL 32819

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: JAN L.WOOTEN

MGR

01/11/2013

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