

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 05, 2006  
Secretary of State**

DOCUMENT# L05000080538

Entity Name: REHAB THERAPY PROVIDER LLC

**Current Principal Place of Business:**

15520 GRANBY PL  
TAMPA, FL 38624

**New Principal Place of Business:**

**Current Mailing Address:**

15520 GRANBY PL  
TAMPA, FL 38624

**New Mailing Address:**

FEI Number: 06-1750517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

MERCADER, DOMISITA G  
15520 GRANBY PL  
TAMPA, FL 38624    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: DOMISITA MERCADER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: MERCADER, DOMISITA  
Address: 15520 GRANBY PL  
City-St-Zip: TAMPA, FL 38624

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

Title: MGRM      ( ) Delete  
Name: QUANO, MAY  
Address: 8731 MARTINIQUE LANE  
City-St-Zip: PORT RICHEY, FL 34668

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 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: DOMISITA MERCADER

MGMR

11/05/2006

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