

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000108353

**FILED**  
**Oct 05, 2007**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY SPECIALISTS, LLC

**Current Principal Place of Business:**

397 PALM COAST PKWY. SW, #4  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

397 PALM COAST PKWY. SW, #4  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 56-2539163      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:**

PANOS, ROSA PT  
1012 S. CENTRAL AVENUE  
FLAGLER BEACH, FL 32136      US

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

PANOS, ROSA PT  
397 PALM COAST PKWY SW #4  
PALM COAST, FL 32137      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: ROSA PANOS

10/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PANOS, PT, CDT, ROSA  
Address: 1012 S. CENTRAL AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM      ( ) Delete  
Name: MARCELLI, PT,OCS,MTC, NICOLE  
Address: 1012 S. CENTRAL AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

**ADDITIONS/CHANGES:**

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

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: ROSA PANOS

MGRM

10/05/2007

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