

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT# L05000108353

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