

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000075028

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY CLINIC OF NAPLES, LLC

**Current Principal Place of Business:**

1865 VETERANS PARK DRIVE, UNIT 101  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1865 VETERANS PARK DRIVE, UNIT 101  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 26-0627729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAGA, ANTONIO  
7955 AIRPORT ROAD  
SUITE 101  
NAPLES, FL 34109 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: ANTONIO FAGA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOEFT, KATHLEEN  
Address: 1865 VETERANS PARK DRIVE, UNIT 101  
City-St-Zip: NAPLES, FL 34109

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: KATHLEEN B HOEFT

MGRM

04/24/2011

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