

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000110364

**FILED**  
**Jul 14, 2013**  
**Secretary of State**

**Entity Name:** TAMMIE GURSKY OCCUPATIONAL THERAPY PLC

**Current Principal Place of Business:**

8916 PROVINCE STREET  
SARASOTA, FL 34240

**New Principal Place of Business:**

2728 CLUBHOUSE DRIVE  
#201  
SARASOTA, FL 34232

**Current Mailing Address:**

8916 PROVINCE STREET  
SARASOTA, FL 34240

**New Mailing Address:**

2728 CLUBHOUSE DRIVE  
#201  
SARASOTA, FL 34232

FEI Number: 26-1341133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GURSKY, TAMMIE  
8916 PROVINCE STREET  
SARASOTA, FL 34240 US

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

GURSKY, TAMMIE  
2728 CLUBHOUSE DRIVE  
#201  
SARASOTA, FL 34232 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: TAMMIE GURSKY

07/14/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GURSKY, TAMMIE  
Address: 2728 CLUBHOUSE DRIVE, #201  
City-St-Zip: SARASOTA, FL 34232

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: TAMMIE GURSKY

MGR.

07/14/2013

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