

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000021403

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

**Entity Name:** GET WELL THERAPY, L.L.C.

**Current Principal Place of Business:**

2400 HARBOR BLVD  
SUITE 9  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

2400 HARBOR BLVD  
SUITE 9  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

3161 HARBOR BLVD  
SUITE B  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

3161 HARBOR BLVD  
SUITE B  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 26-1206318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GABRIEL, WEBER  
3508 TAMiami TRAIL  
STE A  
PORT CHARLOTTE, FL 33952 US

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

CHRISTINE, BOWEN  
1315 SEA HORSE CT  
PUNTA GORDA, FL 33950 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: CHRISTINE BOWEN

10/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROBERTO, ROMERO  
Address: 2400 HARBOR BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: CD  
Name: BOWEN ROBERTS, CHRISTINE A  
Address: 3161 HARBOR BLVD, STE B  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: CHRISTINE BOWEN ROBERTS

CD

10/06/2011

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