

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000037233

**FILED**  
**May 11, 2010**  
**Secretary of State**

**Entity Name:** PEAK PERFORMANCE REHABILITATION LLC

**Current Principal Place of Business:**

3239 S PORT ROYALS DR - APT E  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

710 VIA VILLAGIO  
HYPOLUXO, FL 33462

**Current Mailing Address:**

3239 S PORT ROYALS DR - APT E  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

710 VIA VILLAGIO  
HYPOLUXO, FL 33462

**FEI Number:** 80-0227301      **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:**

SANTISO, AARON  
3239 S PORT ROYALS DR - APT E  
FT LAUDERDALE, FL 33308      US

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

SANTISO, AARON  
710 VIA VILLAGIO  
HYPOLUXO, FL 33462      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: AARON SANTISO

05/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SANTISO, AARON  
**Address:** 710 VIA VILLAGIO  
**City-St-Zip:** HYPOLUXO, FL 33462

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: AARON SANTISO

MGRM

05/11/2010

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