

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000087489

**FILED**  
**May 13, 2013**  
**Secretary of State**

**Entity Name:** OPUS PHYSICAL REHABILITATION & WELLNESS CENTER LLC

**Current Principal Place of Business:**

5010 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

5010 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BISSELL, ZELINDA J  
5010 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463 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: ZELINDA BISSELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BISSELL, ZELINDA J  
Address: 5010 PRAIRIE DUNES VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

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: ZELINDA BISSELL

MS

05/13/2013

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