2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# L08000098046

Entity Name: HANDS ON HEALTH MANUAL AND PHYSICIAL THERAPY SERVICES, LLC

Current Principal Place of Business:

31790 STATE ROUTE 19 NORTH, SUITE 80
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

31790 STATE ROUTE 19 NORTH, SUITE 80
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 30-0510677 **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:

RILEY, STEVEN P ESQ.
4805 W. LAUREL ST. SUITE 230
TAMPA, FL 33607 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: CAROLE SUZANNE JOSEPH KUPISZEWSKI

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOSEPH KUPISZEWSKI, CAROLE SUZANNE
Address: 31790 STATE ROUTE 19 NORTH, SUITE 80
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROLE SUZANNE JOSEPH KUPISZEWSKI OWNE 10/16/2009

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