

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000053911

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** TRINITY THERAPY SOLUTIONS, LLC

**Current Principal Place of Business:**

590 LAVERS CIRCLE  
SUITE 137  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

7842 PINE CROSSINGS CIRCLE  
#1122  
ORLANDO, FL 32807

**Current Mailing Address:**

590 LAVERS CIRCLE  
SUITE 137  
DELRAY BEACH, FL 33444

**New Mailing Address:**

7842 PINE CROSSINGS CIRCLE  
#1122  
ORLANDO, FL 32807

**FEI Number:** 27-0345039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANNELLY AND COMPANY, P.A.  
5440 NW 33RD AVENUE  
SUITE 103  
FT. LAUDERDALE, FL 33309 US

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

WEISE, RICHARD F II  
7842 PINE CROSSINGS CIRCLE  
#1122  
ORLANDO, FL 32807 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: RICHARD F WEISE II

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WEISE, RICHARD F II  
Address: 7842 PINE CROSSINGS CIRCLE #1122  
City-St-Zip: ORLANDO, FL 32807 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: RICHARD F WEISE II

MGRM

04/10/2012

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