

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000117381

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** KML THERAPY SERVICES LLC

**Current Principal Place of Business:**

6827 CULTIVATION WAY  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

2040 TILLMAN AVENUE  
WINTER GARDEN, FL 34787 US

**Current Mailing Address:**

6827 CULTIVATION WAY  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

2040 TILLMAN AVENUE  
WINTER GARDEN, FL 34787 US

**FEI Number:** 27-1392298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWANDOWSKI, KRISTEN M  
6827 CULTIVATION WAY  
WINTER GARDEN, FL 34787 US

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

LEWANDOWSKI, KRISTEN M  
2040 TILLMAN AVENUE  
WINTER GARDEN, FL 34787 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: KRISTEN M. LEWANDOWSKI

10/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEWANDOWSKI, KRISTEN M  
Address: 2040 TILLMAN AVENUE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGR  
Name: LEWANDOWSKI, MICHAEL E  
Address: 2040 TILLMAN AVENUE  
City-St-Zip: WINTER GARDEN, FL 34787 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: KRISTEN M. LEWANDOWSKI

MGRM

10/01/2012

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