

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000092467

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Entity Name:** COMET REHAB TECHNOLOGIES LLC

**Current Principal Place of Business:**

5922 CATTLEMEN LANE  
SUITE 102  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

5922 CATTLEMEN LANE  
SUITE 102  
SARASOTA, FL 34232 US

**New Mailing Address:**

**FEI Number:** 27-3378349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, JONATHAN  
5922 CATTLEMEN LANE  
SUITE 102  
SARASOTA, FL 34232 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:** JONATHAN JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HEALY, BRIAN C  
**Address:** 5922 CATTLEMEN LANE, SUITE 102  
**City-St-Zip:** SARASOTA, FL 34232 FL

**Title:** MGRM  
**Name:** JONES, JONATHAN C  
**Address:** 5922 CATTLEMEN LANE, SUITE 102  
**City-St-Zip:** SARASOTA, FL 34232

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:** JONATHAN JONES

MGR

10/15/2013

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