

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000016525

FILED
Nov 01, 2012
Secretary of State

Entity Name: ONCOLOGY AND ORTHOPEDIC PHYSICAL THERAPY, LLC

Current Principal Place of Business:

1865 VETERANS PARK DRIVE
#101
NAPLES, FL 34109

New Principal Place of Business:

889 CARRICK BEND CIRCLE
201
NAPLES, FL 34110

Current Mailing Address:

809 CARRICK BEND CIRCLE #201
NAPLES, FL 34110

New Mailing Address:

889 CARRICK BEND CIRCLE
201
NAPLES, FL 34110

FEI Number: 45-1473489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUETH, MARY KAYE DPT
889 CARRICK BEND CIRCLE #201
NAPLES, FL 34110 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: MARY KAYE RUETH, DPT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RUETH, MARY KAYE DPT
Address: 889 CARRICK BEND CIRCLE #201
City-St-Zip: NAPLES, FL 34110

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: MARY KAYE RUETH, DPT

MGR

11/01/2012

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