

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000053132

**FILED**  
**Nov 14, 2012**  
**Secretary of State**

**Entity Name:** ORTHOPEDIC PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

2065 CEZANNE ROAD  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2065 CEZANNE ROAD  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 45-2075186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FLORES, OSCAR M  
2065 CEZANNE ROAD  
WEST PALM BEACH, FL FL 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:** OSCAR M. FLORES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FLORES, OSCAR M  
**Address:** 2065 CEZANNE ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33409

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:** OSCAR M. FLORES

MGRM

11/14/2012

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