

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000053824

FILED
Jan 18, 2013
Secretary of State

Entity Name: CARE PHYSICAL THERAPY P.L.

Current Principal Place of Business:

2721 AMANDA KAY WAY
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2721 AMANDA KAY WAY
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 45-2294146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SAID ELREBEY
2721 AMANDA KAY WAY
KISSIMMEE, FL 34744 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: SAID ELREBEY

01/18/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ELREBEY, SAID
Address: 2721 AMANDA KAY WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: S
Name: ELREBEY, SAID
Address: 2721 AMANDA KAY WAY
City-St-Zip: KISSIMMEE, FL 34744

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: SAID ELREBEY

MR.

01/18/2013

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