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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 JUL 22 PM12:16  
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TALLAHASSEE, FLORIDA

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B. BOSTICK

JUL 23 2013

EXAMINER

COVER LETTER

TO: <sup>4</sup> Registration Section  
Division of Corporations

SUBJECT: Back to Function Physical Therapy, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar F. Alvarez

Name of Person

Back to Function Physical Therapy LLC  
Firm/Company

2241 SW 25 STREET

Address

Miami, FLA 33133

City/State and Zip Code

OALVAREZ@mindspring.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar F Alvarez

Name of Person

at ( 646 ) 734-8841

Area Code & Daytime Telephone Number

REC'D BY MAIL  
S. L. C. REC'D. BY MAIL  
TALLAHASSEE, FLORIDA

2013 JUL 22 PH12: i6

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Back To Function Physical Therapy LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS) 2241 SW 25 STREET  
Miami, FLA 33133

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX) 2241 SW 25 STREET  
Miami, FLA 33133

4-17-2012

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

corporation service company

Registered Office Address:

1201 HAYS STREET  
Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

OSCAR F ALVAREZ

NEW Registered Office Address:

2241 SW 25 STREET

(MUST BE FLORIDA STREET ADDRESS)

Miami  
, FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

OSCAR F. ALVAREZ  
Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

OSCAR F. ALVAREZ  
Signature of Registered Agent

RECEIVED  
FLORIDA  
DEPARTMENT  
OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUL 22 2012  
PHB: *[Signature]*

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00